The Trust’s Constitution states that:

31.1 Meetings of the Board of Directors shall be open to members of the public. Members of the public may be excluded from a meeting for special reasons.

In view of the current coronavirus pandemic and governmental advice, the Board of Directors has taken the decision that members of the public are excluded from this meeting for special reasons, i.e. governmental advice re social distancing.

However, should members of the public have any questions relating to the items on the agenda, please forward these to Anna.Milanec@nhs.net by 1pm on Monday 6th April 2020.

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### Board Governance

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1215 Close of meeting.

In accordance with §152(4) of the Health and Social Care Act, 2012, a copy of this agenda has been provided to Governors prior to the Board Meeting.
MINUTES OF THE PUBLIC BOARD OF DIRECTORS MEETING HELD ON TUESDAY 3 MARCH 2020 IN THE BOARDROOM, LEVEL D

Present:  
Mr M Havenhand, Chairman  
Miss N Bancroft, Non-Executive Director  
Mr G Briggs, Chief Operating Officer  
Mrs H Craven, Non-Executive Director  
Mr M Edgell, Non-Executive Director  
Dr C Gardner, Executive Medical Director  
Ms L Hagger, Non-Executive Director  
Dr R Jenkins, Chief Executive  
Mr S Ned, Director of Workforce  
Dr R Shah, Non-Executive Director  
Mr S Sheppard, Director of Finance  
Mr M Smith, Non-Executive Director  
Ms A Wood, Chief Nurse  
Mr M Wright, Deputy Chief Executive  

In attendance:  
Mr J Beeston, Divisional Director, Diagnostics and Support  
Mr Browne, Interim General Manager Surgery (from 63/20(a))  
Ms A Milanec, Director of Corporate Affairs / Company Secretary  
Dr J Reynard, Interim Divisional Director, Urgent and Emergency Care  
Miss D Stewart, Corporate Governance Manager (minutes)  
Mrs G Willers, Interim Divisional Director Family Health  
Mrs S Stubbs, General Manager Medicine  

Apologies:  
Mr J Barnes, Non-Executive Director  
Mr J Garner, Divisional Director, Surgery  
Dr P Jha, Divisional Director, Medicine  

Observers:  
Members of the Public (2) Public Governors (1)  

52/20 CHAIRMAN’S WELCOME AND APOLOGIES FOR ABSENCE  
The Chair welcomed all present with any apologies having been noted.  
Dr Jenkins and Mr Wright were both welcomed to their first meeting of the Board of Directors.  

53/20 DECLARATIONS OF CONFLICTS OF INTERESTS  
Mr Ned’s interest, in terms of his joint role as Director of Workforce with both the Trust and Barnsley Hospital NHS Foundation Trust, was noted.  
Additionally, Dr Jenkins interest in terms of his joint role as Chief Executive of both the Trust and Barnsley Hospital NHS Foundation Trust, was noted.  
Ms Hagger declared an interest with regard to the Vice Chair report.
Colleagues were asked that should any further conflict of interest become apparent during discussions they should be highlighted.

QUALITY AND SAFETY
54/20 STAFF STORY

The Board of Directors received the patient story introduced by the Director of Workforce, with the Board welcoming Mrs Strawinski, Nurse Team Manager for the Children’s Clinic.

Mrs Strawinski outlined her role and experiences as a peer vaccinator in supporting staff to receive their annual flu vaccination, ensuring they remained healthy, and in turn patients.

Her role was to ensure uptake of the vaccine within her own team, and flexibly support the wider organisation to deliver the CQUIN (commissioning for quality and innovation) target, which for 2019/20 had been 80%.

Although initially apprehensive about becoming a peer vaccinator, she was committed to undertaking the role once again in 2020/21.

PROCEDURAL ITEMS
55/20 MINUTES OF THE PREVIOUS MEETING

The minutes of the previous meeting held on 4 February 2020 were agreed as a correct record.

56/20 MATTERS ARISING FROM THE PREVIOUS MEETING

There were no matters arising which were not either covered by the action log or agenda items.

57/20 ACTION LOG

The Board of Directors considered and discussed the Board action log, with it being agreed that log numbers 2, 5 and 6 would be closed.

STRATEGY AND STRATEGIC PLANNING
58/20 REPORT FROM THE CHAIRMAN

The Board of Directors received the report from the Chairman.

The report detailed the focus group meeting held with a small number of patients and Public Governors, to discuss the electronic outpatient booking system, a matter which had initially been raised at a Council of Governors meeting.

Although the Trust’s partial electronic booking system was similar to those operated by other organisations, which the Chief Operating Office believed
remained the best approach, he had at the focus group agreed to review the concerns presented through a small pilot in one speciality.

Dr Jenkins commented that he considered the provision of a date for the next appointment following an outpatient attendance, as was being suggested, may lead to a false sense of assurance for patients. Particularly, if at a later date it could not be honoured. The criteria and parameters for the pilot would need to be carefully set out.

Mrs Craven commented that one of the concerns regarding the current process was ensuring patients were confident that they remained in the system pending contact being made to arrange an appointment at a future date. Addressing this may be one potential option.

The draft Operational Plan for 2020-21 had been presented at the Governors’ Forum, with their feedback to be incorporated into the final Plan.

The visit by Her Royal Highness, The Princess Royal to the Trust’s maternity services on 5 February 2020 had been successful, with Mr Smith thanked for his advice in the preparations.

The Board of Directors noted the report.

59/20

REPORT FROM THE CHIEF EXECUTIVE

The Board of Directors received the report from the Chief Executive.

In his first few weeks at the Trust Dr Jenkins indicated that he had been warmly welcomed by the organisation. He had taken the opportunity to meet with individual Board and Divisional colleagues; visited a number of departments and services, and held introductory meetings with key stakeholders.

In turning to his report, Dr Jenkins confirmed that the sudden fall in oxygen supply had elicited an immediate response to ensure the issue was firstly mitigated, and then resolved to restore pressure. There had been no harm to any patient following the security incident, with additional mechanical measures now being in place.

Dr Jenkins confirmed that the approach to ambulance handovers to the Urgent and Emergency Care Centre (UECC) had changed, this had resulted in an improved position and enabled the release of the ambulance teams to resume their duties. The primary matter remained flow of patients from the UECC into the hospital, with work continuing on these pathways.

Delayed Transfers of Care (DTOC) had been deteriorating since the autumn, resulting in the Trust being an outlier in this area. Following discussions with partner organisations, who were equally determined to address the matter, additional resources had been put in place, with the position now improving.

Miss Bancroft sought the Chief Executive’s view on organisational preparedness for the Care Quality Commission (CQC) inspection.
Dr Jenkins confirmed that the Trust had been notified of two dates (end of April or beginning of May 2020) which had been identified for the Use of Resources review, which normally followed a CQC core services inspection.

Focus remained on ensuring the ‘must do’ and ‘should do’ actions from previous inspections were complete, embedded and evidenced. Colleagues continued to receive briefings from senior managers, as was specific work with the services likely to be inspected.

The report also detailed that the national staff survey results, highlighting that generally the outcomes were below the peer average, with little change from previous years. The on-going requirement was to ensure all colleagues felt valued, were developed in their careers and remained engaged. Whilst the organisation had a significant number of long serving and committed colleagues, due to the nature of the workforce market colleagues now had the ability to change roles more readily and there should be a focus to support them to stay.

The Board of Directors noted the report from the Chief Executive.

60/20  
FIVE YEAR PLAN

The Board of Directors received the public facing version of the Trust’s Five Year Plan 2020/21 to 2024/25.

In terms of the document presented, the Board provided a number of areas for amendment prior to publication. These included the use of acronyms, a requirement to provide more detail as to the differences to be seen for patients/carers/relatives as a result, and it being in an easy read format.

Mr Sheppard suggested that in addition it would be beneficial to develop a ‘plan on a page’ document for use across each service area, supporting implementation and bringing to life the requirements.

The Board requested that Mr Wright undertake the suggested proposals and bring the document back to Board for final approval.

ACTION – Deputy Chief Executive

61/20  
NATIONAL, INTEGRATED CARE SYSTEM AND INTEGRATED CARE PARTNERSHIP REPORT

The Board of Directors received the Integrated Care System (ICS) and Integrated Care Partnership (Place) report from the Deputy Chief Executive.

In response to a comment from Mr Edgell regarding collaborative support being offered by the Place and ICS, Mr Wright indicated that engagement within the Place was positive as demonstrated by the support to improve DTOC. Being new to the role, he had yet to establish a relationship with the ICS, and at this time was not in a position to comment on support from that system.
The Planning Guidance issued at the end of January 2020, placed greater emphasis on receipt of the Financial Recovery Fund being linked to providers (50%) and system wide performance (50%). With it only being released if the system as a whole met the target. As such, Mr Sheppard confirmed that he would be closely working with the ICS and NHS England/Improvement in this area.

In terms of the pathology network transformation business case, Mr Wright indicated that the best case scenario would be that the operating models would be prepared for consideration by the respective Boards in August 2020. This delay was as a result of the development of a business case for digital pathology across the programme.

Dr Jenkins indicated that he considered relationships with the ICS remained constructive, the challenge for the ICS was that it did not effectively highlight the positive outcomes as a result of its work. Examples would be the significant system procurement savings led by the Trust’s Head of Procurement, the regional stroke model leading to improved patient care and collaborative nurse recruitment.

The Board of Directors noted the update report.

**62/20 ROTHERHAM PLACE PLAN**

The Board of Directors received the refreshed Rotherham Place Plan, which had been developed in collaboration with partner organisations.

It was confirmed that the Plan had been considered by the Strategy and Business Planning Committee, where it had been reiterated that the Trust’s own plans should support its delivery.

The Board of Directors approved the Rotherham Place Plan 2020-22.

**OPERATIONAL PERFORMANCE**

**63/20 MONTHLY INTEGRATED PERFORMANCE REPORT**

The Board of Directors received the monthly Integrated Performance Report (IPR) introduced by the Chief Executive.

Dr Jenkins agreed that as discussed by the Board at previous meetings, he considered that the content of the IPR should be revised. He suggested that additional metrics could be included, others removed and with clearer trend data.

Thoughts from colleagues were welcomed, with areas such as benchmarking, utilisation of the CQC insight report, and inclusion of appropriate stroke metrics following the change to service provision of stroke services being suggested. Mr Havenhand further suggested areas where the Trust was nationally in the top or bottom 10%, and for the latter the report to detail the actions being taken to address performance.
Dr Jenkins welcomed the suggested use of the CQC insight report and suggested that it could form part of either the IPR, or information provided to one of the Board Assurance Committees. In terms of the stroke metrics, this would be discussed with the ICS to develop an aggregate report.

**ACTION – Deputy Chief Executive**

From the report presented to the meeting, Dr Shah raised the matter of pre-noon discharges, where performance stood at 10% against the Trust’s own target of 20%. Mr Briggs confirmed that data accuracy was being reviewed as it was considered that the position was nearer 18%; however, fundamentally insufficient numbers of patients were being discharged pre-noon, which resulted in pathway blockages and poor performance in such as the UECC.

The Board of Directors noted the Integrated Performance Report, with detailed information on a number of matters contained within subsequent reports.

_Mr Browne was in attendance from this item._

### 63/20(a)  QUALITY REPORT

The Board of Directors received the Quality Report presented by the Chief Nurse and Executive Medical Director.

In terms of feedback from service users, the number of complaints and/or concerns had increased in January 2020 compared with the previous month. In order to continue the improvements being seen in response times and the quality assurance validation of Divisional action plans, the post of Assistant Chief Nurse (Patient Experience) was to be advertised and made a substantive appointment. As the Board wished to ensure continued learning from complaints, appended to the report was further information in this area.

Ms Wood reported that following successful recruitment campaigns, 28 new nurses would commence in March 2020 in addition to a number returning to work colleagues.

Mortality remained of concern, with the Hospital Standardised Mortality Ratio (HMSR) having increased to 116.8 (November 2019 data). Dr Gardner confirmed that work continued to review the position in the three areas of quality of care, case-mix and coding.

In response to a question as to whether patients were inappropriately being admitted at end of life, Dr Gardner explained that to capture data in this area, the stage 1 review form was being adapted with a field asking ‘was the patient’s admission appropriate’. Work also continued with the Care Homes to ensure appropriate support was available to avoid hospital admissions. This included the Frailty and Palliative Care Teams with the latter holding an end of life summit in April 2020 to support improvements to the pathway.

The study correlating the time waiting for a hospital bed and mortality would also be another source of data to support improvements to patient flow from UECC.
The Board would continue its focus on the mortality and seek assurance on the matter.

The Board of Directors noted the Quality Report.

63/20(b) OPERATIONAL PERFORMANCE REPORT

The Board of Directors received the Operational Performance Report presented by the Chief Operating Officer.

Mr Briggs confirmed that the 12 hour wait position had deteriorated in January 2020 despite a reduction in the overall number of attendees to the UECC. The main factor as discussed throughout the meeting was patient flow, linked to the availability of beds - particularly pre-noon - and delayed transfers of care. Performance in February, whilst still challenged, had seen an improvement in the number of 12 hour waits.

Patient flow had been discussed by the Finance and Performance Committee, with Mrs Craven commenting that there was an apparent disparity of approach of the red to green process, and a lack of pace in implementation. Ensuring this was consistently embedded across all wards would support the position. Additionally, Ms Hagger highlighted that the bed base reconfiguration would also address patient flow.

Mr Edgell commented that one of the quality priorities had been to improve patient discharge; however, based upon current performance the established actions had not resulted in any significant improvement nor led to alternative approaches being considered.

Another metric, time to triage had also been challenging against the national standard as it had been necessary to move colleagues to other areas of the emergency department for the reasons of patient safety. However, as commented by the Board, a patients care needs would not have been addressed if they had not been triaged.

Dr Jenkins commented that improvements to patient flow would have a positive impact upon the UECC metrics. Until that time, it would not be reasonable to judge UECC on performance in some areas. The Executive Directors focus was to explore a number of options to improve patient flow including those highlighted at the meeting, before reviewing issues specific to UECC.

The Board of Directors noted the report and the requirement to improve patient flow across the organisation being of significant importance.

63/20(c) WORKFORCE REPORT

The Board of Directors received the Workforce Report presented by the Director of Workforce.

The sickness absence position had deteriorated in January 2020, currently standing at 5.44% which may be impacting on patient care, colleagues being
required to undertake additional duties and the financial position should agency staff be required.

Mr Ned confirmed that examples of best practice were being sought from other organisations, particularly relating to short term absence which was an area of concern. Whilst a significant number of long term absence cases had been closed, new ones were replacing them. The Board was reminded that it would be between three to six months before any clear improvements would be seen following the actions being taken.

As detailed in the Chief Executive’s Report, the 2019 National Staff Survey results had been released. Supported by the recommendations following a review undertaken by the Internal Auditors, divisional and corporate action plans would be developed with engagement opportunities. To provide assurance on the matter, the Board of Directors sought an update for a future meeting. Although originally suggested for June 2020, the Board sought from the Executive Directors earlier assurance on the matter.

**ACTION – Director of Workforce**

With the support of NHS Professionals, the first cohort of Indian nurses was due to start at the end of March 2020. Ms Wood outlined some of the on-boarding arrangements which included those at the Trust and those with Sheffield Teaching Hospitals, who had also made appointments as part of the same process.

In learning from previous overseas recruitment campaigns, NHS Professionals had ensured that all appropriate checks had been undertaken and training in place to ensure the nurses could begin to practice upon their arrival.

The Board of Directors noted the Workforce Report.

**FINANCE REPORT**

The Board of Directors received the month ten Finance Report presented by the Director of Finance.

The month ten position was a deficit of £0.4m against a plan of a £1.3m surplus, £1.7m adverse to plan. In terms of the cost improvement programme the year to date position at the end of January was £417k below plan with £6,952k delivered against a plan of £7,369k. Actual and forecast position was a year-end position of £8.8m against the £9.3m plan, a gap of £0.5m without further mitigating actions.

The Trust’s capital programme of £5.4m including £0.5m of additional IT funding had increased to approximately £6m following receipt of £0.3m for a mammography machine, and £0.2m for cyber security. However, January expenditure was adverse to plan by £234k, with the year to date position of £193k under plan. The main reason being the delay to the Greenoaks project.

Mr Havenhand and Mrs Craven, on behalf of the Finance and Performance Committee, expressed disappointment in the significant variance to plan, with
the risks now having substantially increased. Mitigating actions would need to be established and assurance provided to the Board as to the year-end position. Through the means of a PowerPoint presentation, Mr Sheppard outlined the current financial position, which as stated was £1.7m adverse to plan. This was as a result of reduced income due to lower activity levels, increased pay costs and non-pay costs. Rotherham Clinical Commissioning Group (CCG) had been made aware of the position.

The Board was informed of the actual position against plan for each of the five Divisions plus corporate. The January position, with any further mitigating action, had placed additional pressure on the trajectories to the end of the financial year.

The consequence of not delivering the year end forecast, would be the loss of Provider Sustainability Fund (PSF) and Financial Recovery Fund (FRF) monies in quarter four equating to £5.5m, not delivering the ICS financial plan and increased recurrent costs in terms of the Trust’s 2020/21 Operational Plan.

A number of actions, which had yet to be risk assessed, would be taken to maximise activity/income - currently elective activity was 25% better than plan - and reduce workforce costs through improved controls. However, whilst these actions would mitigate the position there would also be a requirement for support from both the CCG and ICS.

As the Divisions were represented at the meeting, Mr Havenhand sought additional information and assurance on the position from their perspective.

In terms of the Division of Surgery, Mr Browne indicated that the down time in theatres due to roof leaks and air flow, had had a significant impact, with the orthopaedics specialty losing 87 theatre lists, affecting circa 250 patients, with a resulting financial impact. Planned down time for winter pressures had been nearly six weeks rather than the two weeks anticipated, this had affected elective sessions. Other areas for the Division included non-pay and manual stock adjustments.

Due to the nature of the work of the Division of Urgent and Emergency Care, Dr J Reynard advised that the division was not in a position to influence its income levels. The major contributory fact to their financial position were the additional pay costs to cover staffing requirement, fill gaps in the rota and support staff sickness. Should improvements be seen to patient flow the position should recover.

Mrs Stubbs advised for the Division of Medicine that issues had arisen with drug expenditure and non-pay, with additional unforeseen costs relating to out of hours’ security at Breathing Space and backdated on-call payments.

For the corporate areas, Mr Sheppard explained that these related to costs to open additional beds on the Acute Medical Unit and ward A4, which had remained open longer than anticipated.

Mr Sheppard advised that a series of measures had now been put into place to support delivery of the planned outturn. Such measures would include enhanced workforce controls, essential spend only being authorised, further discussions to
take place with the Rotherham Clinical Commissioning Group regarding additional costs of activity, and continuing discussions regarding ICS transformation money.

Mr Havenhand in closing the discussion indicated that it would be important that the Executive Directors understood the reasons for the significant variances to plan, which had not been forecast. There were a number of areas which had been identified in order to mitigate the risks, with also a requirement to maximise activity and income. The financial position had undermined the Trust’s reputation, particularly within the ICS, which it would need to rebuild.

The Board of Directors noted the month ten Finance Report and emphasised the importance of delivery of the 2019/20 financial plan.

**ASSURANCE FRAMEWORK**

**64/20 GOVERNANCE REPORT**

The Board of Directors received and noted the Governance Report presented by the Director of Corporate Affairs/Company Secretary.

The report documented the consultation launch by NHS England/Improvement seeking organisations identify, by June 2020, a patient safety specialist. Ms Wood confirmed that the person specification was being reviewed to identify an appropriate colleague to fulfil the role developed to provide a named link to the national patient safety team.

**ACTION – Chief Nurse**

Members of the Board had separately received a copy of the end of year guidance for Non-Executive Directors issued by the Healthcare Management Association. The guidance would be re-circulated nearer finalisation of the Trust’s 2019/20 Annual Report and Accounts, in addition to a similar document produced by NHS Providers aimed at Governors on the same topic.

**ACTION – Director of Corporate Affairs**

The NHS Premises Assurance Model, which provided the framework by which assurance could be provided that the estate and facilities were safe, effective, efficient and of high quality, was being completed by the Estates and Facilities department. It was anticipated that this work would take approximately three months, and would be reported to the Quality Assurance Committee.

**ACTION – Chief Operating Officer**

The Board of Directors noted the report.

**65/20 BOARD ASSURANCE FRAMEWORK**

The Board of Directors received the Board Assurance Framework (BAF) Report relating to B7 (Insufficiently robust Trust-wide corporate governance arrangements impede the delivery of a number of Trust plans / objectives) which had been reviewed by the Audit Committee on 25 February 2020.
The Board approved the Audit Committees recommendation that the quarter three score for B7 remain unchanged at 3(Likelihood) x 5(Consequence) = 15.

As recommended by the Internal Auditors the full BAF, which covered the strategic risks monitored by the other Board Assurance Committees, had been received and considered by the Audit Committee.

The Board of Directors noted and approved the Board Assurance Framework.

**BOARD GOVERNANCE**

**66/20 ANNUAL APPOINTMENT OF THE VICE CHAIR OF THE BOARD OF DIRECTORS**

The Board of Directors received the report and approved the reappointment of Ms Hagger as Vice Chair of the Board of Directors for a further one year period.

**67/20 ANY OTHER BUSINESS**

i. **COVID-19**

Dr Jenkins took the opportunity to update the Board on the actions being taken by the Trust in response to COVID-19.

Daily updates were being issued by the Department of Health, with the country currently in the ‘contain’ phase with preparations continuing to the ‘delay’ phase should there be an increase in cases nationally.

Mr Briggs, as Executive lead on the matter, confirmed that daily briefings were being issued to the organisation, with activities being co-ordinated by Gold and Silver Command. The Infection Control Team were commended as to their actions in terms of testing either in the dedicated coronavirus pod outside the UECC, within the community or the newly established ‘drive through’ on the Woodside site.

Should there be a surge in cases it may be necessary that the lead role be undertaken by another Trust officer. Should this be the case, it would be communicated to the Board.

**ACTION – Chief Operating Officer**

**68/20 DATE OF NEXT MEETING**

The next meeting of the Board of Directors would be held on 7 April 2020.

The Chairman at this point opened the meeting to any questions relating to any agenda item or matter discussed during the meeting, to any observers. There were none raised.

Before closing the meeting, the Chairman indicated that this would be the last meeting for Mr Beeston, Divisional Director, who would be retiring later in the
month. On behalf of the Board, Mr Havenhand thanked Mr Beeston for his leadership and contributions at the Board providing assurance in terms of the work of the Division.

Martin Havenhand
Chairman

date
<table>
<thead>
<tr>
<th>Log No</th>
<th>Meeting</th>
<th>Report/Agaenda title</th>
<th>Minute Ref</th>
<th>Agenda Item and Action</th>
<th>Lead Officer</th>
<th>Timescale/Deadline</th>
<th>Comment/ Feedback from Lead Officer(s)</th>
<th>Open / Close</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>04-Feb-20</td>
<td>Report from the Chairman</td>
<td>07/20</td>
<td>Reducing CO2 omissions - report, incorporating progress against implementation of the energy performance contract, and referring to RMBC CO2 omissions initiative.</td>
<td>COO</td>
<td>07/04/2020 07/07/2020</td>
<td>John Carwright advises that the report cannot be produced until late June - this is due to external data being required which will not be received until late June</td>
<td>Open</td>
</tr>
<tr>
<td>3</td>
<td>04-Feb-20</td>
<td>Operational Plan Quarterly Report</td>
<td>09/20</td>
<td>Mr. Sheppard requested to take forward the suggested format revisions for the April 2020 meeting.</td>
<td>DoF</td>
<td>07-Apr-20</td>
<td>Work in progress, with the proposed amendments requiring Executive Team approval prior to implementing for 2020/21. Agenda item 123/20</td>
<td>Open</td>
</tr>
<tr>
<td>4</td>
<td>04-Feb-20</td>
<td>Integrated Performance Report</td>
<td>11/20</td>
<td>As part of the planned review of its content, consideration should be given to more focus to other areas of performance which was not meeting the required standards.</td>
<td>DCEO</td>
<td>07-Apr-20</td>
<td>A review had begun and was ongoing. However, some COVID-19 data will be presented in the short term, and items arising from the action will be picked up at a future date.</td>
<td>Open</td>
</tr>
<tr>
<td>7</td>
<td>04-Feb-20</td>
<td>Workforce Report</td>
<td>11/20(c)</td>
<td>Update on overseas (medical) recruitment, at appropriate time in the Workforce Report.</td>
<td>MD</td>
<td></td>
<td></td>
<td>To be carried forward</td>
</tr>
<tr>
<td>8</td>
<td>04-Feb-20</td>
<td>Governance Report</td>
<td>13/20</td>
<td>The local findings against Healthwatch England’s report, ‘Shifting the Mindset’ to be reported the Quality Assurance Committee.</td>
<td>CN</td>
<td></td>
<td></td>
<td>To be carried forward</td>
</tr>
<tr>
<td>9</td>
<td>03-Mar-20</td>
<td>Five Year Plan</td>
<td>60/20</td>
<td>Undertake the suggested revisions to the public facing Five Year Plan and bring back to Board for approval</td>
<td>DCEO</td>
<td>05-May-20</td>
<td></td>
<td>Open</td>
</tr>
<tr>
<td>10</td>
<td>03-Mar-20</td>
<td>IPR</td>
<td>63/20</td>
<td>CQC insight report to form part of either the IPR, or information provided to one of the Board Assurance Committees.</td>
<td>DCEO</td>
<td></td>
<td>Details from the Insight Report are already provided through QAC.</td>
<td>Recommend to close</td>
</tr>
<tr>
<td>11</td>
<td>03-Mar-20</td>
<td>Workforce Report</td>
<td>63/20(c)</td>
<td>Update on response to National Staff Survey</td>
<td>DoW</td>
<td>07-Apr-20</td>
<td>Has not progressed due to effect of Coronavirus Pandemic</td>
<td>To be carried forward</td>
</tr>
<tr>
<td>12</td>
<td>03-Mar-20</td>
<td>Governance Report</td>
<td>64/20</td>
<td>Identification of a patient safety specialist</td>
<td>CN</td>
<td>01-Jun-20</td>
<td></td>
<td>Open</td>
</tr>
<tr>
<td>13</td>
<td>03-Mar-20</td>
<td>Governance Report</td>
<td>64/20</td>
<td>Recirculate guidance (x2) relating to year end and Annual Report and Accounts at the appropriate time pre approval</td>
<td>CoSec</td>
<td>05-May-20</td>
<td></td>
<td>Open</td>
</tr>
<tr>
<td>14</td>
<td>03-Mar-20</td>
<td>Governance Report</td>
<td>64/20</td>
<td>The NHS Premises Assurance Model, framework to be completed by the Estates and Facilities department and be reported to the Quality Assurance Committee in approximately three months.</td>
<td>COO</td>
<td>24-Jun-20</td>
<td>Added to QAC agenda</td>
<td>Recommend to close</td>
</tr>
<tr>
<td>Log No</td>
<td>Meeting</td>
<td>Report/Agenda title</td>
<td>Minute Ref</td>
<td>Agenda item and Action</td>
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<td>To be carried forward to a date TBC</td>
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<td>Recommend to close</td>
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# Board of Directors’ Meeting

## 7 April 2020

<table>
<thead>
<tr>
<th>Agenda item</th>
<th>100/20</th>
</tr>
</thead>
<tbody>
<tr>
<td>Report</td>
<td>Public Report from the Chairman</td>
</tr>
<tr>
<td>Executive Lead</td>
<td>Presenter: Martin Havenhand, Chairman</td>
</tr>
<tr>
<td>Link with the BAF</td>
<td>The Chairman’s report reflects various elements of the BAF</td>
</tr>
<tr>
<td>Purpose</td>
<td>Decision</td>
</tr>
</tbody>
</table>

### Executive Summary (including reason for the report, background, key issues and risks)

The report covers the following issues:

- Covid-19
- Financial Position
- Board Development
- Board Members’ Skills Analysis
- Well-led
- Non-Executive Director Lead Role Responsibilities
- MyRotherham website

### Recommendations

The Board is asked to note this report.

### Appendices

Appendix 1 shows the Non-Executive Directors’ lead responsibilities
1.0  Introduction

1.1  This report provides an update since the last Board Meeting on 3 March 2020.

2.0  Covid-19

2.1  All of the NHS has been challenged by the Covid-19 pandemic and I would like to pay tribute to all our colleagues at TRFT for their incredible efforts in preparing us for this unprecedented challenge.

2.2  Our Executive Team have shown great leadership and the organisation has responded magnificently in looking after our patients and the Rotherham community.

2.3  Obviously Covid-19 is now our priority for the next few months and this will inevitably impact our plans and priorities during this period.

3.0  Financial Position

3.1  Our financial position deteriorated from month 10 and has continued in month 11. We are awaiting the final figures for month 12. It is essential that we understand why this has happened and that work has started.

4.0  Board Development

4.1  Our Board Development programme has been put on hold with our April session having been cancelled and the July session will have to be rescheduled. We completed our programme with ‘The Governance Forum’ at the end of 2019 and we agreed we would plan our next phase following the appointment of Richard Jenkins. Four new directors have been appointed in the last few months and we require a programme that reflects the priorities for the Trust over the next 12 months.

4.2  Discussions have been held with an experienced board development facilitator that Richard has used previously and we are in the process of developing a suitable programme.

5.0  Board Members’ Skills Analysis

5.1  As a result of the recent board member changes we are intending to update our Board Skills analysis.

6.0  Well-led

6.1  Following the Well Led review undertaken by The Governance Forum an action plan was being implemented. The planned use of resources and a further well led review as part of the next CQC inspection has been postponed but important work in this area will continue.

7.0  Non-Executive Director (NED) – Lead role responsibilities

7.1  At our last board meeting the membership of our assurance committees was approved for 2020/21. Appendix 1 shows the additional lead roles of our NEDs.
8.0 MyRotherham website

8.1 In previous reports I have presented the ‘Positive Promotion Strategy’ which has been developed by The Rotherham Together Partnership. Ambition Rotherham, the Partnership’s Place board, has been working on establishing 3 websites (Connect-3) as part of the implementation of the strategy.

8.2 One of the websites, MyRotherham, is intended to inform Rotherham residents and the Rotherham community about all the positive things that are happening in the borough. The technology provides the opportunity to present what is happening down to ward and parish level. In response to Covid-19 the work on this website has been advanced and the site is being launched this week.

Martin Havenhand, Chairman
March 2020
## Non-Executive Director Lead Role Responsibilities

<table>
<thead>
<tr>
<th>Non-Executive Director Lead Role Responsibility</th>
<th>Individual undertaking role</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trust Chairman</td>
<td>Martin Havenhand</td>
</tr>
<tr>
<td>Chairman of the Council of Governors</td>
<td></td>
</tr>
<tr>
<td>EPRR Lead</td>
<td></td>
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<tr>
<td>Rotherham Together Partnership Member</td>
<td></td>
</tr>
<tr>
<td>Ambition Rotherham Board (private public sector partnership) – Chair</td>
<td></td>
</tr>
<tr>
<td>Senior Independent Director</td>
<td>Joe Barnes</td>
</tr>
<tr>
<td>Lead for Freedom to Speak Up</td>
<td>Joe Barnes</td>
</tr>
<tr>
<td>Lead to oversee and assure delivery of the learning from deaths</td>
<td>Mark Edgell</td>
</tr>
<tr>
<td>Non-Executive Director lead for mortality</td>
<td></td>
</tr>
<tr>
<td>(Lay) NED Lead for End of Life Care</td>
<td>Mike Smith</td>
</tr>
<tr>
<td>NED Lead for Clinical Ethics</td>
<td>Lynn Hagger</td>
</tr>
<tr>
<td>Audit Committee Chair</td>
<td>Joe Barnes</td>
</tr>
<tr>
<td>Board Champion for Dementia</td>
<td>Mike Smith</td>
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<tr>
<td>NED Lead for Procurement</td>
<td>Heather Craven</td>
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<tr>
<td>NED Lead on Lord Carter Review</td>
<td>Heather Craven</td>
</tr>
<tr>
<td>NED Lead for Resuscitation</td>
<td>Dr Rumit Shah</td>
</tr>
<tr>
<td>Lead for Maternity &amp; Gynaecology</td>
<td>Dr Rumit Shah</td>
</tr>
<tr>
<td>NED Lead on Supporting Clinical Performance</td>
<td>Dr Rumit Shah</td>
</tr>
<tr>
<td>NED Lead on Voluntary Sector Engagement</td>
<td>Mike Smith</td>
</tr>
<tr>
<td>Chair of Organ Donation Committee</td>
<td>Lynn Hagger</td>
</tr>
<tr>
<td>NED Lead on developing relationship with local Healthwatch</td>
<td>Joe Barnes</td>
</tr>
<tr>
<td>NED liaison for Division of Family Health</td>
<td>Dr Rumit Shah</td>
</tr>
<tr>
<td>NED liaison for Division of Integrated Medicine</td>
<td>Lynn Hagger</td>
</tr>
<tr>
<td>NED liaison for Division of Surgery</td>
<td>Joe Barnes</td>
</tr>
<tr>
<td>NED liaison for Division of Clinical Support</td>
<td>Nicola Bancroft</td>
</tr>
<tr>
<td>NED liaison for Urgent &amp; Emergency Care</td>
<td>Mike Smith</td>
</tr>
</tbody>
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# Board of Directors’ Meeting
## 7 April 2020

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<td>[ ] Decision</td>
</tr>
</tbody>
</table>

### Executive Summary (including reason for the report, background, key issues and risks)

This report addresses the following issues:

This report is intended to give a brief outline of some of the key activities undertaken as Chief Executive since the last meeting and highlight a number of items of interest. The items are not reported in any order of priority.

### Recommendations

The Board is asked to note this report.

### Appendices

1. SY & B Chief Executive Report (March 2020)
1.0 Coronavirus, The Rotherham NHS Foundation Trust position

1.1 Coronavirus (COVID-19) Update

In line with national NHS preparations, The Rotherham Hospital NHS Foundation Trust has put in place well practiced and robust emergency operating processes. ‘Gold’ and ‘Silver’ command, and communication structures, are in place to manage all activity in relation to COVID-19. These include operational, human resources, estates and communications activity to ensure staff are prepared, informed and have access to the latest advice and information.

I would like to record my gratitude to all of our staff and volunteers during this unprecedented time. Our whole organisation is working in an environment of rapid change and pace. I recognise how incredibly hard everyone is working to support our patients and each other.

1.2 Operational COVID-19 Activity

Below is a summary of some of the actions taken to date:

- **Public information** - Public information is communicated daily on the Trust's website, across social media channels and within the hospital site.
- **Highest Risk Patients** – letters have been sent out to our most vulnerable patients advising of the actions they should take to protect themselves.
- **Gold and Silver on call arrangements** – have been reviewed and made more robust, but sustainable, on a longer term basis
- **IT systems** – have been updated to capture Covid-19 information, hundreds of laptops reconfigured, new reporting dashboards set up, Microsoft Teams set up for all colleagues, etc.
- **#ThankyouNHS** - The Trust is adopting a national social media campaign which encourages the public to send in messages of support for staff.
- **Restaurant** - As of 30th March 2020, the hospital restaurant closed to members of the public in line with government requirements. The facility remains open to staff.
- **Visiting information** – Visiting has stopped in all but exceptional circumstances to protect our staff and patients.
- **Car parking** - The Trust has put into place free car parking for staff which is effective from the 1st April.
- **COVID-19 staff advice line** - A centralised reporting system is operational seven days a week to support staff who are required to self-isolate.
- **Health and wellbeing** – Dr Sanjay Suri is offering daily Mindfulness sessions to Trust staff to support staff in managing their anxiety and stress.
- **Internal Communication** – The Trust provides regular COVID-19 branded emails on key developments, updated guidance and actions
- **Collaboration** – The Trust is increasing its collaborative efforts with Barnsley Hospital to share good practice, ideas and guidance where appropriate.
- **Operational Planning** – The Trust has advanced operational plans across departments to enable RED and GREEN cohorts. This includes two entrances into UECC and a COVID-19 ward attached to the main admission unit.
- **Testing** – The trust has established a 7-day swabbing service to test patients and staff for COVID-19.
- **Charity and donations for staff** – a central process has been established to monitor and distribute donated goods for colleagues, including food, toiletries, snacks, cleaning products, from a number of local businesses and individuals, etc.
- **Procurement** – Rotherham leads the regional procurement hub on behalf of the South Yorkshire and Bassetlaw (SYB) Integrated Care System and procurement colleagues have been liaising with their counterparts at other SYB organisations.
2.0 Partnership Working

2.1 The Trust is working closely with partners within Rotherham, at a local, regional and national level to ensure a consistent approach to preparedness and activity in support of COVID-19.

Dr Richard Jenkins
Chief Executive
April 2020
Chief Executive Report

Collaborative Partnership Board

March 2020

Author(s)  Andrew Cash, System Lead

Sponsor

Is your report for Approval / Consideration / Noting

For noting

Links to the STP (please tick)

- [✓] Reduce inequalities
- [✓] Join up health and care
- [✓] Invest and grow primary and community care
- [✓] Treat the whole person, mental and physical
- [✓] Standardise acute hospital care
- [✓] Simplify urgent and emergency care
- [✓] Develop our workforce
- [✓] Use the best technology
- [✓] Create financial sustainability
- [✓] Work with patients and the public to do this

Are there any resource implications (including Financial, Staffing etc)?

N/A

Summary of key issues

This monthly paper from the South Yorkshire and Bassetlaw Chief Executive provides a summary update on the work of the South Yorkshire and Bassetlaw Integrated Care System (SYB ICS) for the month of February 2020.

Recommendations

The SYB ICS Collaborative Partnership Board (CPB) partners are asked to note the update and Chief Executives and Accountable Officers are asked to share the paper with their individual Boards, Governing Bodies and Committees.
1. Purpose

This paper from the South Yorkshire and Bassetlaw Integrated Care System Chief Executive provides an update on the work of the South Yorkshire and Bassetlaw Integrated Care System for the month of February 2020.

2. Summary update for activity during February 2020

2.1 Coronavirus (Covid 19)

At the time of writing my report, the Department of Health and Social Care, NHS England and Improvement and Public Health England is still in the first phase of the Government’s response to the coronavirus outbreak; containing the virus. The plan has four phases. Containing the virus, delaying its spread, researching its origins and cure, and finally mitigating the impact should the virus become more widespread.

The UK is extremely well prepared for these types of outbreaks – we are one of the first countries in the world to develop a test for the new virus. Public safety is the top priority and colleagues across the ICS are incredibly busy planning, preparing and acting across their organisations and in local communities to what is a fast moving and unprecedented situation.

2.2 NHS Integrated Care Development Day

I attended a whole-day session on integrated care development with senior colleagues from across the country at the King’s Fund on 27th February. The event also included expert speakers and covered:

- The progress to date of ICSs and Sustainability and Transformation Partnerships since their announcement in 2016
- Common challenges and success factors in designing and implementing improved care models and more collaborative system-wide leadership and governance
- How NHS England and NHS Improvement can encourage deeper and broader partnership during 2020/21, including moves to a ‘system by default’ operating model

Led by Richard Murray, Chief Executive, The King’s Fund and including NHS England Chair, Lord David Prior, the session was a timely opportunity to reflect on the journey of ICSs so far and to consider how best to approach the challenges ahead with colleagues facing the same issues, risks and opportunities.

2.3 Launch of the South Yorkshire and Bassetlaw Integrated Care System Five Year Plan

Following the collaborative development of the SYB ICS Five Year Plan, we will officially launch the Plan on Tuesday 11th March. While we published the Plan in January, the launch will disseminate and raise greater awareness of it across the partnership and with the wider public. In addition to partners supporting the launch with their own internal communications, there is widespread social media activity planned to drive traffic to the ICS website where people can find out more and read the detail.
2.4 Yorkshire Ambulance Service Hub

Yorkshire Ambulance Service’s new Doncaster ambulance station will officially open at the end of March, marking a significant milestone in developments for the Trust.

The station will replace outdated facilities and also introduce a new way of working which is designed to improve quality and performance for patients. Doncaster is the first ‘hub and spoke’ model introduced by the Trust and is where emergency and Patient Transport Service vehicles will be taken to be thoroughly cleaned, re-stocked and for any necessary repairs or maintenance. The work is carried out by a dedicated team, freeing up clinicians to focus their time on patients.

This system is known as Ambulance Vehicle Preparation and is already used in Wakefield, Leeds and Huddersfield. It leads to improved vehicle availability, cleaner vehicles and allows crews to get on the road sooner at the beginning of their shifts. The new model is expected to lead to improved response times for patients, improved infection control and improved conditions.

2.5 SYB ICS Shadow Board

The first cohort of the SYB ICS Shadow Board Programme will graduate this month. There are 14 senior colleagues on the Shadow Board, all who are aspiring Directors in System roles from commissioning and provider organisations, regulator and arms’ length bodies. They were nominated by their Chief Executive.

The programme combined learning with the benefits of deep experiential learning as participants prepared and participated in three simulated Board meetings (the Shadow Board). The Shadow Boards ran in alignment with the taught modules for the duration of programme, enabling participants to implement and embed their learning in a safe space and gain experience of what it is like to be a Board or Governing Body member.

One of the purposes of the Shadow Board development was to identify senior talent for the ICS going forward and following graduation, that pipeline is now in place. Participants have fed back that they found the programme worthwhile and feel better prepared to take on Director roles. The next steps for the participants will be determined by them and following their very positive feedback, the ICS will now consider the benefits of running a further cohort later in the year.

2.6 Cardiac Rehabilitation Research

I am delighted to let you know that the ICS is supporting a new research project which aims to increase patient uptake of cardiac rehabilitation programmes as part of the NHS long-term plan. Working together, researchers from Sheffield Hallam and Northumbria Universities, the British Heart Foundation and Sheffield Teaching Hospitals are trying to understand which services patients would prefer to receive and how they would like to receive them.

Currently patients who have had a cardiac event are offered, in most parts of the UK, a ‘one size fits all’ rehabilitation package with only 50% of people taking them up. As set out in the NHS Long Term Plan, we want to increase the uptake from 50% to 85% in the next 10 years and in supporting the project we hope to contribute to making a long lasting difference to the SYB population and the wider UK population.

2.7 Complex Lives

The Complex Lives work that is being led by Chris Marsh from Doncaster Metropolitan Borough Council is the subject of a Co-Design workshop on 26 March 2020 at the Keepmoat Stadium in Doncaster.

At the recent Collaborative Partnership Board, ICS partners agreed a focus on Complex Lives as one of the three shared priorities for joint work between the Health system and Local Authorities (the others being Physical Activity and Social Isolation).
The agreed initial focus of the work on Complex Lives is on strengthening the relationship between homelessness/rough sleeping and health services. This will build on the excellent practice that is already under way across South Yorkshire and Bassetlaw, and will seek to go further into sustainable new care models that can respond to the scale and quite unique nature of the issues affecting people locked in a cycle of rough sleeping, addiction, offending behaviour, poor mental and physical health, often underpinned by childhood and adult trauma. As you know there is also a focus on ensuring we can work with and learn from each other across the SYB footprint, recognising that this is clearly a shared and significant challenge in places.

The last update to the CPB outlined the basis of a partnership approach with the Office of the Police and Crime Commissioner (PCC) in South Yorkshire, acknowledging the crucial interdependence of the criminal justice system in this work. We have made further progress on this front and the Violence Reduction Unit at the PCC’s office has agreed to support and help fund the co-design process that we have planned to take this work forward. This partnership will be important at strategic and operational level as the work progresses.

2.8 Performance Scorecard

The attached scorecards show our collective position at February 2020 (using predominantly December 2019 and January 2020 data) as compared with other areas in the North of England and also with the other nine advanced ICSs in the country.

We are now green in four of the ten constitutional standards, having turned red for six week diagnostics and two week cancer breast waits. The four green are a two week cancer waits, 31 day cancer waits, Early Intervention in Psychosis (EIP) and IAPT recovery. Our overall performance as a System, while still below the constitutional standard in four areas, still remains one of the better ICSs in the country.

Also attached is a new ‘on a wall’ view of performance statistics showing system level activity and performance. The purpose is to provide an at a glance view for colleagues less directly involved with some of the key performance measures or those who don’t routinely access reports and dashboards. It is set to print as an A3 poster presentation to be displayed in local offices and can also be used as a high level summary for briefings. This format replaces the Integrated Operational Report (IOR) which we have previously used to produce the monthly summary for my report to the ICS. We will no longer have routine access to statistics for areas outside of the North East and Yorkshire and therefore this will be the new format in my report going forward, including the comparator information about the other three systems in NEY Region.

Finally, at month 10 the Year to Date position is £0.5 million ahead of plan. One organisation is forecasting a deficit against plan and we are looking at how we can offset this with over-performance in other organisations in order to balance as a system. Another provider posted a significant in month and year to date deficit in month 10 and have identified mitigating actions to deliver a balanced position at year end. This has therefore added risks to balance as a system at the year end.

Andrew Cash
Chief Executive, South Yorkshire and Bassetlaw Integrated Care System

Date 5 March 2020
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How are we doing? An overview
Key performance report: February 2020 (using predominantly Dec/Jan data)

<table>
<thead>
<tr>
<th></th>
<th>A&amp;E (95%)</th>
<th>RTT (92%)</th>
<th>Diagnostics 6 weeks</th>
<th>2ww (93%)</th>
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[Diagram showing data representations with red and green circles]
How are we performing in the North East & Yorkshire?

**Urgent and Emergency Care**
- **82.9%** of people waited less than four hours to be admitted or discharged (95% standard).
- **56** patients waited more than 12 hours in A&E from decision to admit to admission (0 tolerance).
- **87.7%** of hospital handover delays were carried out within 30 minutes (100% target).

**Elective**
- **112** patients have been waiting more than 52 weeks (0 tolerance).
- **609,115** patients are waiting to be seen by a consultant led service (567,709 planned).
- **5.5%** of patients had a diagnostic test within 6 weeks (1% standard).

**Cancer**
- **78.6%** of patients were treated within 62 days (85% standard).

**Mental Health**
- **4.77%** people with depression and/or anxiety received psychological therapies (5.31% target).
- **50.9%** people who completed psychological therapies treatment are now moving to recovery (50% standard).
- **39.9%** children and young people with a mental health condition accessed community mental health services (33.3% standard). Bed days were occupied by patients inappropriately placed in a hospital bed out of their area (0 tolerance by 2021).

**General Practice Workforce FTE**
- **-4.1%** GPs
- **-2.4%** Nurses
- **-3.0%** Other direct patient care (Allied Health Professionals)
- **0.9%** Admin staff

**Learning Disabilities & Autism**
- **55%** (adult) and **70%** (children) Community / post admission Care and Treatment Reviews were carried out (75% adults; 90% children standards).
- **84%** of annual health checks carried out compared to expected trajectory (Q2 trajectory 7,124). Specialised Commissioned patients (29 cases) are inappropriate out of area placements (<5% standard).
How are we performing in Cumbria and the North East?

**Urgent and Emergency Care**
- **83.9%** of people waited less than four hours to be admitted or discharged (95% standard)
- **26** patients waited more than 12 hours in A&E from decision to admit to admission (0 tolerance)
- **87.6%** of hospital handover delays were carried out within 30 minutes (100% target)

**Elective**
- **30** patients have been waiting more than 52 weeks (1% standard)
- **238,864** patients are waiting to be seen by a consultant led service (210,505 planned, 0 tolerance)

**Cancer**
- **80.0%** of patients were treated within 62 days (85% standard)  
- **90.2%** of patients were seen within two weeks of urgent referral (93% standard)
- **87.6%** one year cancer survival index (73.3% national)

**Mental Health**
- **4.65%** people with depression and/or anxiety received psychological therapies (5.31% target)
- **50.0%** people who completed psychological therapies treatment are now moving to recovery (50% standard)
- **59.4%** children and young people with a mental health condition accessed community mental health services (33.3% standard)

**General Practice Workforce FTE**
- **-3.5%** GPs (1,570 versus 1,627 plan)
- **-2.0%** Nurses (1,149 versus 1,172 plan)
- **-2.2%** Other direct patient care (Allied Health Professionals) (795 versus 813 plan)
- **1.4%** Admin staff (4,257 versus 4,197 plan)

**Learning Disabilities & Autism**
- **67%** (adult) and **67%** (children) Community / post admission Care and Treatment Reviews were carried out (75% adults; 90% children standards)
- **19%** of region’s Specialised Commissioned patients (29 cases) are inappropriate out of area placements
- **133** adults  
- **11** children
- **3** plan adults 127; CYP tbc

*Reporting periods: UEC (Jan20), Hospital handovers (Jan20) Data is unpublished for internal management information only. Elective & Cancer (Dec19), Cancer Alliance (2017), MH (Nov19, metrics represent rolling quarters; CYP metric represents 12 month rolling due to low numbers), Workforce (Sep19), LDA (Dec19); OAPs represent Spec Comm patients in Dec19 at region level due to low numbers; AHCs represents Q2 19/20. Standards or plans are shown in brackets. Data largely shows commissioner based performance, except U&E.
**Urgent and Emergency Care**

- **77.0%** of people waited less than four hours to be admitted or discharged
  - (95% standard)
  - (95% standard)

- **29** patients waited more than 12 hours in A&E from decision to admit to admission
  - (0 tolerance)

- **73.7%** of hospital handover delays were carried out within 30 minutes
  - (100% target)

**Elective**

- **102,946** patients are waiting to be seen by a consultant led service
  - (106,745 planned)
  - (0 tolerance)

- **26** patients have been waiting more than 52 weeks
  - (1% standard)

**Mental Health**

- **5.11%** people with depression and/or anxiety received psychological therapies
  - (5.31 target)

- **53.9%** people who completed psychological therapies treatment are now moving to recovery
  - (50% standard)

- **35.9%** children and young people with a mental health condition accessed community mental health services
  - (33.3% standard)

- **845** bed days were occupied by patients inappropriately placed in a hospital bed out of their area
  - (0 tolerance by 2021)

**General Practice Workforce FTE**

- **-5.8%** GPs
  - (670 versus 711 plan)

- **-2.4%** Nurses
  - (527 versus 540 plan)

- **2.6%** Other direct patient care (Allied Health Professionals)
  - (558 versus 544 plan)

- **2.6%** Admin staff
  - (1,919 versus 1,870 plan)

**Learning Disabilities & Autism**

- **67%** (adult) and **0%** (children) Community / post admission Care and Treatment Reviews were carried out
  - (75% adults; 90% children standards)

- **673** AHCs in Q2

- **74%** of annual health checks carried out compared to expected trajectory
  - (84% Q2 trajectory 912)

- **19%** of region's Specialised Commissioned patients (29 cases) are inappropriate out of area placements
  - (<5% standard)
How are we performing in South Yorkshire and Bassetlaw?

**Urgent and Emergency Care**
- **85.1%** of people waited less than four hours to be admitted or discharged (95% standard)
- **1 patients** waited more than 12 hours in A&E from decision to admit to admission (0 tolerance)
- **88.7%** of hospital handover delays were carried out within 30 minutes (100% target)

**Cancer**
- **79.7%** of patients were treated within 62 days (85% standard)
- **94.6%** of patients were seen within two weeks of urgent referral (93% standard)
- **SY&B 72.2%** one year cancer survival index (73.3% national)

**Mental Health**
- **4.97%** people with depression and/or anxiety received psychological therapies (5.31% target)
- **50.0%** people who completed psychological therapies treatment are now moving to recovery (50% standard)
- **26.5%** children and young people with a mental health condition accessed community mental health services (33.3% standard)
- **1,225** bed days were occupied by patients inappropriately placed in a hospital bed out of their area (0 tolerance by 2021)

**General Practice Workforce FTE**
- **-1.6%** GPs (749 versus 761 plan)
- **0.0%** Nurses (531 versus 531 plan)
- **-14.7%** Other direct patient care (Allied Health Professionals) (347 versus 407 plan)
- **0.7%** Admin staff (1,918 versus 1,905 plan)

**Learning Disabilities & Autism**
- **75%** (adult) and N/A (children) Community / post admission Care and Treatment Reviews were carried out (75% adults; 90% children standards)
- **19%** of region's Specialised Commissioned patients (29 cases) are inappropriate out of area placements (Q2 trajectory 1,071)
- **85%** of annual health checks carried out compared to expected trajectory (Q2 trajectory 1,071; <5% standard)

Reporting periods: UEC (Jan20), Hospital Handovers (Jan20) Data is unpublished for internal management information only. Elective & Cancer (Dec19), Cancer Alliance (2017). MH (Nov19, metrics represent rolling quarters; CYP metric represents 12 month rolling due to low numbers), Workforce (Sep19), LDA (Dec19) OAPs represent Spec Comm patients in Dec19 only at region level due to low numbers; AHCs represents Q2 19/20. Standards or plans are shown in brackets. Data largely shows commissioner based performance, except U&EC.
How are we performing in West Yorkshire and Harrogate?

**Urgent and Emergency Care**
- 84.2% of people waited less than four hours to be admitted or discharged (95% standard)
- 96.6% of hospital handover delays were carried out within 30 minutes (100% target)
- 0 patients waited more than 12 hours in A&E from decision to admit to admission (0 tolerance)

**Elective**
- 166,676 patients are waiting to be seen by a consultant led service (158,189 planned)
- 55 patients have been waiting more than 52 weeks
- 1.6% of patients had a diagnostic test within 6 weeks (1% standard)

**Cancer**
- 80.0% of patients were treated within 62 days (85% standard)
- 95.7% of patients were seen within two weeks of urgent referral (93% standard)
- 73.0% one year cancer survival index (73.3% national)

**Mental Health**
- 4.66% people with depression and/or anxiety received psychological therapies (5.31% target)
- 51.1% people who completed psychological therapies treatment are now moving to recovery (50% standard)
- 28.4% children and young people with a mental health condition accessed community mental health services (33.3% standard)

**General Practice Workforce FTE**
- -5.3% GPs (1,296 versus 1,368 plan)
- -4.3% Nurses (882 versus 922 plan)
- -1.4% Other direct patient care (Allied Health Professionals) (626 versus 635 plan)
- -0.6% Admin staff (3,263 versus 3,283 plan)

**Learning Disabilities & Autism**
- 83 adults
- 7 children
- 40% (adult) and 100% (children) Community / post admission Care and Treatment Reviews were carried out (75% adults; 90% children standards)
- 85% of annual health checks carried out compared to expected trajectory
- 19% of region’s Specialised Commissioned patients (29 cases) are inappropriate out of area placements

Reporting periods: UEC (Jan20), Hospital handovers (Jan20), Elective & Cancer (Dec19), Cancer Alliance (2017), MH (Nov19, metrics represent rolling quarters; CYP metric represents 12 month rolling due to low numbers), Workforce (Sep19); LDA (Dec19) OAPs represent Spec Comm patients in Dec19 only at region level due to low numbers; AHCs represents Q2 19/20. Standards or plans are shown in brackets. Data largely shows commissioner based performance, except U&E.
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<th>102/20</th>
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<tr>
<td><strong>Report</strong></td>
<td>National, Integrated Care System and Rotherham Place Report</td>
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<tr>
<td><strong>Executive Lead</strong></td>
<td>Michael Wright, Deputy Chief Executive</td>
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<td><strong>Link with the BAF</strong></td>
<td>B7, B10 and B11</td>
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<td><strong>Purpose</strong></td>
<td>Decision ☐ To note √ Approval ☐ For information ☐</td>
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<td><strong>Executive Summary (including reason for the report, background, key issues and risks)</strong></td>
<td>The purpose for this report is to provide the Board with an update on national developments and also developments across the South Yorkshire and Bassetlaw Integrated Care System (SYB ICS) and Integrated Care Partnership (Rotherham Place). It should be noted that the level of engagement across the Rotherham Place has significantly increased in response to COVID 19.</td>
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<td><strong>Recommendations</strong></td>
<td>The Board is asked to note the content of this paper</td>
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<td><strong>Appendices</strong></td>
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1.0 Introduction

1.1. This report provides an update on developments across the South Yorkshire and Bassetlaw Integrated Care System (SYB ICS) and Integrated Care Partnership (Rotherham Place).

2.0 National Update


2.2. The letter provided clear instructions across the following areas:

- Free-up the maximum possible inpatient and critical care capacity.
- Prepare for, and respond to, the anticipated large numbers of COVID-19 patients who will need respiratory support.
- Support staff, and maximise their availability.
- Play our part in the wider population measures newly announced by Government. Stress-test operational readiness.
- Remove routine burdens, so as to facilitate the above.

2.3. There is a separate update to the Board of Directors covering our response to the operational aspects of the letter. The letter also contains an annex that relates to COVID-19 cost reimbursement. The key messages include the following:

- We are suspending the operational planning process for 2020/21.
- Commissioners should agree block contracts with the NHS providers with whom they have a contract (NHS Trusts, Foundation Trusts, Mental Health, Community and Ambulance Trusts) to cover the period 1 April to 31 July.
- A national top-up payment will be provided to providers to reflect the difference between the actual costs and income.
- Providers should claim for additional costs where the block payments do not equal actual costs to reflect genuine and reasonable additional marginal costs due to COVID-19.
- Additional capital expenditure will be required to support our response to the virus in a number of areas, including purchase of pods, capital modifications to existing estate, purchasing of ventilators and other medical equipment, and IT assets to enable smarter working including remote consultations. In a number of cases NHS England / Improvement may bulk-purchase assets to secure the necessary resource as quickly as possible.

2.4. The letter goes on to emphasise the need for robust financial governance during this difficult time.

3.0 South Yorkshire and Bassetlaw Integrated Care System (System)

3.1 The ICS Health Executive Group (HEG) has focussed on the COVID-19 position with partners providing details of the challenges they face. The Chief Executive of the ICS has made clear that the focus of the ICS work will be re-prioritised during this challenging period. The HEG group will still meet, as it will be will be a key touch point for discussing mutual aid, again within the national emergency structures.
3.2 In response to COVID-19, the ICS set up the South Yorkshire & Bassetlaw COVID-19 Strategic Health Coordination Group. The terms of reference for the group lists the key activities as:

- Implementation of nationally directed response action.
- Proposed actions to mitigate the impact of the epidemic in the health service in SYB.
- Coordination of surge arrangements across partners and places.
- Invoke mutual aid if required.
- Planning and co-ordination of urgent non-COVID healthcare such as cancer pathways.
- Planning and co-ordination of “fragile” health services.
- Escalation of agreed issues to the regional and national Incident Control Centres.
- Escalation of agreed issues to the South Yorkshire Local Resilience Forum.
- Assessment of the consequences of response actions in terms of the business as usual.
- Sharing and spread of new transformational ways of working.

3.3 During the month of March, prior to the significant escalation of the response to COVID-19, the ICS reviewed and focussed on a number of strategic developments, including the following:

- SYB System Operational Plan
- Future Workforce and Inclusive Economy - Schools
- Launch of the SYB ICS Five Year Plan
- The ICS Innovation Hub.

In line with the directive from NHS England and NHS Improvement, operational planning at an ICS level will be paused for a period of time.

3.4 The ICS Innovation Hub are delivering three innovation exemplar projects as part of the work stream’s comprehensive work plan. The three projects were selected after consultation between ICS Transformation Programme Directors, Senior Responsible Owners and wider system partners:

- Population Health Management
- Urgent and Emergency Care
- Workforce.

3.5 The objective of the exemplar innovation projects is to test out innovative approaches to solve challenges associated with them and to quickly disseminate learning and practice to providers and commissioners enabling them to make informed decisions about adoption in their place.

4.0 **Rotherham Integrated Care Partnership (Place)**

4.1 The Rotherham Place has paused a number of key work streams as a consequence of COVID-19. The Place partners are engaging on a regular basis to provide mutual support to each other at this challenging time.

Michael Wright
Deputy Chief Executive
April 2020
### Agenda item

| 103/20 |

### Report

Social Value Charter for Rotherham

### Executive Lead

Dr Richard Jenkins, Chief Executive

### Link with the BAF

B10, B11

### Purpose

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### Executive Summary

Led by the board of directors, The Rotherham NHS Foundation Trust is accountable to patients for delivering safe, effective, caring, responsive and well-led services; to members of staff for providing a suitable working environment within an open and fair culture; to members of the tax-paying public for prudential spending and the avoidance of waste; to local residents for the provision of jobs and health education, and to the community for providing long-term sustainable facilities and healthcare services. These are the outcomes and impact that the organisation seeks to achieve through delivery of its objectives and vision, set by the board of directors.

It is therefore appropriate that the Trust enters into the proposed Social Value Charter for Rotherham, proposed by the Rotherham Place Partners (appendix 1).

With regard to the second principle - to spend local with the voluntary sector and SMEs where possible – it is recognised that the Trust is restricted by legislation and government policy as to procurement practices, and that it would be impossible to keep all spend at a local level. However, the Trust acknowledges the intention of the second principle, and will endeavour to support local spend where possible.

The forthcoming weeks / months will be an especially difficult time for our colleagues and community but the Trust will undertake to meet its social commitments as provided for within the Principles, and as determined by its own objectives.

For information, Rotherham Metropolitan Borough Council has launched its Social Value Policy (appendix 2) with the aim of creating social value in Rotherham and increasing the impact of the Rotherham £.

### Recommendations

The Board is asked to support the Social Value Charter for Rotherham.

### Appendices

- Appendix 1: Social Value Charter for Rotherham
- Appendix 2: Rotherham Metropolitan Borough Council Social Value Policy
Social Value Charter for Rotherham

Background and intent
The Social Value Charter for Rotherham sets out how public sector commissioners and procurers, service providers and community organisations will aim to maximise the amount of social value in the borough. Social value is the added value delivered in addition to a contract. It is about improving the lives of our residents by increasing the economic resilience of our area, supporting a thriving civic society, improving our green spaces and building a place that is inclusive and caring that people are proud to call home.

Principles
By signing up to this charter, signatories are committed to the following principles:
- To aim to ensure as many residents as possible are paid the **Joseph Rowntree Living Wage**
- To spend **local** with the voluntary sector and SMEs where possible
- To improve the **education and skills of residents**
- To give **employment opportunities to disadvantaged** residents, including those who are disabled.
- To support **fair and worthwhile employment** where workers have strong rights and good working conditions

Ambitions
By signing up to these principles we are committing to ambitious targets to transform our borough. We hope to increase local spend, SME and voluntary sector spend, the number of apprenticeships in the borough and the number of employers paying the living wage.

What we will do
The partnership is committed to making Rotherham a social value borough. We will:
- Overhaul the way we purchase goods and services to ensure that we are **generating social value wherever we can**
- Evaluate our commissioning processes to ensure **they are delivering for Rotherham’s residents**
- Assess where anchor institutions spend money to ensure **as much as possible of the Rotherham £ stays local**

Implementation
By signing up to this charter, we will commit to:
- **Embedding social value** within our organisations
- **Developing appropriate social value requirements** which reflect the principles of this charter
- **Measuring and reporting on the amount of social value** generated annually to the partnership
SOCIAL VALUE POLICY

Creating social value in Rotherham

www.rotherham.gov.uk
THE AIM OF THIS POLICY IS TO MAXIMISE THE LOCAL IMPACT OF THE COUNCIL’S SPEND AND THROUGH THIS HELP TO RAISE THE LIVING STANDARDS OF ROTHERHAM RESIDENTS.
FOREWORD, COUNCILLOR CHRIS READ, LEADER OF ROTHERHAM BOROUGH COUNCIL

Rotherham Council is committed to developing a positive sense of place and good quality of life for all its residents. We aim to do this not just through the services we provide and the work we do with our partners through economic development, but also by using our own purchasing power to bring added value to communities and individuals across the borough.

In 2018/19 the Council spent around £300 million with external suppliers and, as one of the leading procurers in the area, I want the Council to lead the way in supporting social value. We will do this by maximising the local impact of the Council’s spend and, through this, help to raise the living standards of our residents.

I want to work with our partners, contractors and service providers to look at how we can gain additional social value from every pound we spend.

This could be achieved in a number of ways:

- It could be through creating local employment and training opportunities, particularly for young people or those who are struggling to get on a career path, such as disabled people
- It could be through supporting the growth of our community and voluntary organisations working in our neighbourhoods
- It could be through taking steps to reduce our impact on the environment.

As one of the fastest growing economies in Yorkshire, Rotherham has a strong track record of collaborative working between the public, private and voluntary sectors. This has led to major successes such as the advanced manufacturing park, our strong network of local businesses, and improved employment.

However, we still face many challenges including health, social and economic inequalities within the borough. By working together with our partners to embed social value in our contracts and commissioning processes we can help to improve the local economy further, increasing spend locally, developing innovative delivery models and creating new opportunities.

The social value policy sets out our commitment and I hope that other organisations locally, regionally and nationally will work with us to build real and lasting benefits for Rotherham communities.
INTRODUCTION

Rotherham Council is committed to developing a positive sense of place and good quality of life for all its residents. These aspirations are set out in the Council Plan and this is the overarching strategic framework for this policy. These aspirations are also pursued through collaborative work with partners in the Rotherham Together Partnership and the Sheffield City Region.

This policy sets out how the Council will use its purchasing power to maximise the local impact of its spend. This will ensure that every pound the Council spends achieves the most value for Rotherham communities and residents, which is even more important in a time of continued austerity and increasing demand for services. This means making decisions that are not just based on financial cost but look at benefits to the wider community.

This could mean, for example, ensuring that residents can access employment opportunities from new developments in the borough or that young people could gain new skills to help them find meaningful employment. It also means promoting the Council’s ethical procurement guidelines to ensure that modern day slavery is eradicated in our town and make sure all employers in the region act responsibly.

As one of the leading procurers and commissioners in the area, the Council wants to take steps to increase the amount of additional social value from its contracts and commissioned services. The aim is to increase over time the proportion the Council spends with local businesses, thus supporting the local economy and helping small and medium-sized enterprises (SMEs) to flourish. The Council recognises that more could be done to support and strengthen the local supply network and the region’s economic resilience, while also maximising the amount of social value delivered by companies that are based outside of the area. In addition, the Council is keen to develop its commissioning processes to open up opportunities for more co-designed services and sustainable local delivery models.
The Public Services (Social Value) Act 2012 came into force on 31st January 2013. Local authorities and other public bodies have a legal obligation to consider the social good in contracts that are subject to the Public Contracts Regulation 2015. The aim of the Act is not to alter the commissioning and procurement processes, but to ensure that, as part of these processes, councils give consideration to the wider impact of the services delivered. The Act also promotes the use of co-design in commissioning processes as a valuable tool to strengthen local delivery.

Social value is defined by the Social Value Hub as:

‘The benefit to the community from a commissioning or procurement process over and above the direct purchasing of goods, services and outcomes’.

This definition is the one that has been adopted by the Council.

This policy provides an opportunity to integrate economic, environmental and social sustainability into procurement processes by developing a fresh approach to commissioning, one that builds positive relationships with providers and generates greater social value.

Policy Purpose

This document sets out for procurers, commissioners, the Council’s suppliers and residents, Rotherham Council’s approach to social value, as well as the practical steps it will take to maximise the local impact of its spend. It should be read in conjunction with the minimum standards charter, which sets out our ethical procurement standards, and the social value toolkit which provides a step-by-step guide to the social value procurement process.

Working with Partners

The Council is committed to working with partner organisations, including the NHS, Fire and Police, to collectively increase the amount of social value delivered by public sector organisations through a jointly agreed social value charter. The charter will set out the aims and outcomes for public sector organisations to maximise the amount of social value they deliver.

1NOMIS Annual Labour Survey, 2017 figures
AIMS AND OBJECTIVES OF THE POLICY

The aim of the social value policy is to maximise the local impact of the Council’s spend and to:

• Raise the living standards of Rotherham residents and work towards the JRF Living Wage.
• Increase the proportion of the Council’s expenditure which goes to local businesses and providers rather than those elsewhere in the country.
• Build social value into all Council contracts and maximise the impact gained from every pound spent. We will introduce a rigorous system for assessing and measuring social value.
• Commit to the principle of co-designing services wherever possible

The Council will achieve this by:

- Working with partners and local businesses to raise living standards and promote the JRF Living Wage in Rotherham
- Increasing, over time the percentage of spend with Rotherham businesses
- Promoting the local economy so that small and medium-sized businesses and voluntary sector bodies can thrive
- Moving away from purely transactional processes of procurement towards building relationships and working with locally-based organisations
- Ensuring that any contracts with a value of over £100,000 demonstrate real and quantifiable social value and capturing the scale of additional social value achieved each year
- Ensuring, where possible, that where the Council invites written quotations that at least one is from a local supplier.
- Adopting the national Keep It Local principles
- Involving local people and organisations in our commissioning processes through meaningful co-design
- Building the capacity and sustainability of local voluntary organisations
- Creating local employment and training opportunities, particularly for the most disadvantaged groups and communities
- Promoting environmental sustainability and mitigating the effects of climate change through procurement and purchasing processes
- Promoting fair and ethical trading through our contractors and in the supply chain

Successful implementation of the policy will be measured against six social value outcomes.
Raising living standards for residents

The central theme of this policy is increasing living standards for our residents. In Rotherham, average full time pay is 89% of the national average and below the city region average. Pay for women in Rotherham is 61% of male pay. We want to see more employers paying the JRF Living Wage over time.

A strong local economy with employment and skills opportunities and a growing business base

As one of the fastest growing economies in Yorkshire it is important that local businesses are sustainable and able to expand. We want to increase the proportion of the Council’s spend which goes to local businesses and ensure our contractors actively upskill their workforce.

Young people have the opportunity to develop skills and find worthwhile employment

It is vital to ensure that young people, especially those who struggle to find employment or training, are given the skills that will allow them to thrive in the modern economy. Research shows that a young person who has four or more meaningful encounters with an employer is 86% less likely to be Not in Employment, Education or Training (NEET) and can earn up to 22% more during their career.

Equality of opportunity for disadvantaged people and communities including disabled people

Some adults struggle to access employment opportunities – for instance the employment gap between those with a long-term health condition and the overall employment rate is 10.7%. A thriving economy is based both on creating jobs and also ensuring that everyone has equal opportunities to access them.

Strengthened and sustainable community and voluntary sector

The Community and Voluntary sector plays a vital role supporting the community in Rotherham. Ensuring that the sector is thriving and sustainable is a key aim of this policy.

Greater environmental sustainability including accessible green public spaces

As the climate changes it is essential that the Council supports and protects the environment and delivers greater levels of sustainability. Central to this is ensuring we all play our part in reducing carbon dioxide emissions.
The social value framework will create a structured approach so that the application of social value is standardised across the Council. The framework is designed so that suppliers can take a bespoke approach to each contract to ensure that the social value element of the tender is appropriate, relevant and achievable. This will allow suppliers to innovate and show initiative in delivering social value.

The framework will apply to all contracts of a value of more than £100,000. The social value commitment will account for 20% of the overall score for tender bids. For contracts where the Council invites written quotations at least one should be from a local supplier.

The framework (see back page) describes each social value outcomes and how they will be measured. The social value procurement process has four stages, as follows:

**Opportunity assessment:** The first stage of any contract process will be the undertaking of a social value ‘opportunity assessment’ as part of the pre-procurement activity. This will identify the appropriate, relevant and achievable elements of social value that could be delivered through the life of the contract. In addition, officers will identify any opportunities for local businesses or organisations to participate in the process and the best way to encourage and support them.

**Embedding outcomes in the tender process:** Following the identification of suitable social value outcomes, these should be embedded within the tender process. The answers should then be scored based on how appropriate and achievable they are.

**Formal contract:** Following conclusion of the tender process, a formal contract will be entered into incorporating the commitments made as part of the preferred bidder’s response.

**Contract management:** Through a structured contract management process, officers will monitor social value commitments ensuring they are undertaken in their entirety and using the Council’s leverage when suitable to enforce commitments.

**The Framework:** The Rotherham social value framework (see page 11) sets out the Rotherham social value outcomes and measures. Support and guidance for potential suppliers is available through the social value toolkit, which provides a step by step guide to the procurement process.

However, this is only a guide and the social value framework list of measures is not exhaustive. The expectation is that commissioners, procurement officers and suppliers will have active conversations about the best way to deliver the social value outcomes and that they work collaboratively to explore innovative social value actions where appropriate.
Commissioning Services

The Council commissions a large number of services with the private and voluntary sectors every year.

In developing its approach to commissioning, the Council has adopted the national Keep It Local principles developed by Locality. These principles will enable the Council to make a greater shift towards a more collaborative approach grounded in local delivery, early intervention and prevention.

As a member of the Keep it Local network of councils, Rotherham Council will be able to share good practice from across the network and learn from the most innovative authorities across the country.

As part of the commitment to maximising social value as part of the commissioning approach, the Council will:

- Co-design services wherever possible
- Engage people with lived experience throughout the service design and procurement phase
- Review commissioning and procurement models to allow local provider organisations to collaborate and make best use of local assets.
- Explore opportunities to develop new and innovative delivery models such as social enterprises, mutuals and consortium arrangements.

---

**Keep it Local principles**

<table>
<thead>
<tr>
<th>Principle</th>
</tr>
</thead>
<tbody>
<tr>
<td>Think about the whole system and not just individual service silos</td>
</tr>
<tr>
<td>Coordinate services at a neighbourhood level</td>
</tr>
<tr>
<td>Increase local spend to invest in the local economy</td>
</tr>
<tr>
<td>Focus on early intervention now to save costs tomorrow</td>
</tr>
<tr>
<td>Commit to our community and proactively support local organisations</td>
</tr>
<tr>
<td>Commission services simply and collaboratively so they are local by default</td>
</tr>
</tbody>
</table>

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Co-design Case Study

Housing Related Support is a recent example of the use of co-design to commission a new service. Housing Related Support is a preventive programme for young people aged 16-25 with multiple needs and sometimes with chaotic lives. It provides support packages allowing young people to gain their independence and obtain suitable permanent accommodation.

The Council decided, when the contract was to be re-tendered, to involve young people in co-designing the new specification in order to develop a programme of support which best supported their needs and what was important to them.

Commissioners built relationships, encouraged creative thinking, utilised best practice and delivered engagement sessions in order to hear the voices, views and lived experiences of young people in receipt of support as well as specialist workers and professionals.

The contract was won by a Sheffield-based charity with an excellent record of providing crisis support to young people who were homeless or at risk of homelessness. In addition, the design of the contract allowed for a smaller Rotherham based charity to sub-contract a portion of overall contract, thereby ensuring that the Council spend remained within the City region.

Measuring Social Value

The Council aims to capture the amount of social value secured in contracts and delivered by contracting organisations. Using the Themes Outcomes Measures (TOMs) method of social value measurement, the Council will produce a quarterly figure broken down by service area. The ambition is to increase the percentage of spend within the local area and spent with SMEs.

All suppliers who have committed to the delivery of social value outcomes through a Council contract will be required to submit a quarterly report, evidencing the progress made against these outcomes. The delivery of social value commitments will be monitored as part of the contract management process.

Governance

The leadership and governance of this policy will be led by the Leader and the chief executive and will be subject to an annual report to Cabinet. Year one will be a baseline year and an opportunity to identify the extent and quantity of social value. Following the baseline year, social value targets will be set on an annual basis. In addition, the existing outcomes and measures will be reviewed annually to ensure they continue to reflect local priorities. The Council will also develop a range of qualitative impact measures to better capture the nature of social value activity. These will be developed and reviewed on an annual basis.
## Social Value Framework

<table>
<thead>
<tr>
<th>Council Plan Priorities</th>
<th>Social Value Outcomes</th>
<th>Tender Questions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Extending opportunity, prosperity and planning for the future</strong></td>
<td>Raising living standards for residents</td>
<td>Good jobs</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Skills</td>
</tr>
<tr>
<td></td>
<td>A strong local economy with employment and skills opportunities and a growing business base</td>
<td>Local jobs</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Local Spend</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Apprenticeships</td>
</tr>
<tr>
<td><strong>Every child making the best start in life</strong></td>
<td>Young people have the opportunity to develop skills and find worthwhile employment</td>
<td>Young people work advice</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Unpaid work placements</td>
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<tr>
<td></td>
<td></td>
<td>Paid work placements</td>
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<tr>
<td></td>
<td></td>
<td>Care Leavers</td>
</tr>
<tr>
<td></td>
<td></td>
<td>NEETs</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Young Offenders</td>
</tr>
<tr>
<td><strong>Every adult secure, responsible and empowered</strong></td>
<td>Equality of opportunity for disadvantaged people and communities including disabled people</td>
<td>Long Term Unemployed</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Disabled adults</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Job skills for disabled people</td>
</tr>
<tr>
<td><strong>A strong community in a clean, safe environment</strong></td>
<td>Strengthened and sustainable community and voluntary organisations</td>
<td>Monetary donation to the VCS</td>
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<td></td>
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<td>Business advice</td>
</tr>
<tr>
<td></td>
<td>Greater environmental sustainability including accessible green public spaces</td>
<td>Waste</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Emissions</td>
</tr>
</tbody>
</table>
## Agenda item 104/20

**Report**

**COVID-19 Report**

**Executive Lead**

George Briggs, Chief Operating Officer

**Link with the BAF**

B1, B2,

**Purpose**

- [x] To note

**Executive Summary**

Simon Stevens NHS Chief Executive and Amanda Pritchard NHS Chief Operating Officer, wrote a letter to all NHS organisations on 17th March 2020 advising of the next steps to be taken in response to Covid-19.

Appendix A provides details of the Trust’s response to the requirements outlined in the said letter.

**Recommendations**

It is recommended that:

The Board note this report.

**Appendices**

Next Steps on NHS Response to COVID – 19 – Simon Steven’s Letter 17th March 2020

The letter sets out important actions that every part of the NHS needs to put in place to redirect staff and resources, building on multiple actions already in train. These will:

- Free-up the maximum possible inpatient and critical care capacity;
- Prepare for, and respond to, the anticipated large numbers of COVID-19 patients who will need respiratory support;
- Support staff, and maximise their availability;
- Play our part in the wider population measures newly announced by Government;
- Stress-test operational readiness;
- Remove remote burdens, so as to facilitate the above.

The action plan below details the measures that need to be enacted as a matter of urgency:

<table>
<thead>
<tr>
<th>Priority Measure</th>
<th>National Actions to be taken</th>
<th>Timescale</th>
<th>Provider contacts</th>
<th>Local Actions/Assurance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Free up the maximum inpatient and critical care capacity</td>
<td>Postpone all non-urgent elective operations from 15th April at the latest, for a period of at least three months.</td>
<td>15 April</td>
<td>George Briggs/Sally Kilgariff</td>
<td>TRFT have now cancelled all non-urgent elective operations. Emergency admissions, urgent cancer treatment and other clinically urgent care will continue and provisions are being made as part of the bed reconfiguration phasing. Areas within the hospital are being reconfigured to create cohort areas for potential and confirmed COVID positive patients (red area) and non COVID positive patients (green area). National guidance and advice on maintaining cancer treatment during the COVID 19 response has been received and is urgently being reviewed to ensure the Trust’s plans to maintain urgent cancer treatment are in line with this guidance.</td>
</tr>
<tr>
<td>Urgently discharge all hospital inpatients who are medically fit to leave.</td>
<td>ASAP</td>
<td>Jayne Metcalfe/Jane Newton/Aiden Rice/Steph Watt</td>
<td></td>
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<tr>
<td>As at 30/03 there were 196 empty acute beds on TRFT site. The Trust has implemented plans to reduce the numbers of beds on each ward, these beds will be empty not closed and will be mobilised when required.</td>
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<tr>
<td>As at 30/03 there were 21 applicable patients over 21 days in the Trust (these exclude Stroke and Neuro-Rehab Pathway patients).</td>
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<tr>
<td>Continuing Health Care Team (RCCG) and RMBC actions to support hospital discharges/patient flow are as follows:</td>
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<tr>
<td>• Prioritise hospital discharges and patient flow and make reasonable and practical funding agreements where required – to support this an updated process and forms agreed with RMBC and shared with TRFT</td>
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<tr>
<td>• Taking information over the phone and documenting on behalf of the refer where required</td>
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<tr>
<td>• Offering CHC nurses to support Integrated Discharge Team with documentation</td>
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<tr>
<td>• Prioritising and approving support to ensure that discharges are facilitated and unnecessary admissions are prevented</td>
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<tr>
<td>• Care assessments – agreed that assessments should be proportionate and flexible</td>
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<tr>
<td>• SystmOne – CHC putting all support plans on system and looking at doing this for joint packages with social care too</td>
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<tr>
<td>• All fully funded and joint packages of support at home – identified as an alert on SystmOne and support plan uploaded to ensure community services have access to this information</td>
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<tr>
<td>• Spreadsheet of all fast track and standard CHC homecare patients BRAG rated according to lives with</td>
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</table>
status soon to be shared with RMBC and TRFT

- Any patients requiring an individual funding request to have the assessment completed in a short term bed and do not need to stay in the acute trust whilst waiting for funding / panel agreements. This will be being discussed on a patient by patient basis.

- Homeless patients – RMBC housing support is at hospital 2 x per week and there is the potential for this to be increased. Reviewing possibility of a single point of contact to expedite homeless patients with daily access.

- Equipment
Medequip (community equipment provider) have really robust contingency plans in place and are monitoring stock daily. They have been flexible with what TRFT have been requesting and responding really quickly.

The seven day discharges can be met using the out of hours service and drivers have been asked to support each other if workload becomes excessive and there is more demand than resource.

Key agreements:

- Authorisation to be relaxed so that TRFT can order without having to wait for an authoriser
- Weekend discharges will be covered by their normal out of hours service and they will look to increase as soon as needed.
- Stock levels at periphery stores in the hospital and at Woodside, and the type of stock, to be increased.

- Transport
Arrangements in place and no concerns raised to date in terms
of getting extra crews from either transport provider. The day crew are working extra 5pm-9pm from 9th March for a period of 2 months.

<table>
<thead>
<tr>
<th>Free up community &amp; intermediate care beds</th>
<th>Jayne Metcalfe/Sally Kilgariff/Tracey Hepworth</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>A daily review of all patients within the non-acute bed base is taking place detailing estimated date of discharge and outstanding actions agreed by partners within therapies and RMBC.</td>
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<tr>
<td></td>
<td>As of 30/03 there were 31 (5 lost) beds unoccupied across the non-acute bed base with an embargo at Ackroyd until Friday 3rd April 2020.</td>
</tr>
<tr>
<td></td>
<td>A detailed review of all current intermediate and community beds and potential additional capacity within community facilities such as care homes is taking place. This is to establish additional capacity and to identify potential hot and cold sites for discharge. Consideration is being given to medical cover for this additional capacity and the protocols and escalation procedures that will need to be in place through the Integrated Discharge Team. Empty community beds will also be used for surge and to support clearing the acute trust of medically fit for discharge patients where appropriate and where patients are unable to go home.</td>
</tr>
<tr>
<td></td>
<td>The Integrated Discharge Team are additionally resourced for acute and community to support escalation.</td>
</tr>
<tr>
<td></td>
<td>Staffing resource is being redirected to assess and discharge as many people from intermediate care beds.</td>
</tr>
<tr>
<td></td>
<td>Staffing resources i.e. therapy and nursing from teams in the community that are not urgent i.e. falls prevent, CHAT are being redirected to work to support discharges home and bridging packages of care.</td>
</tr>
</tbody>
</table>
Additional resource is being made available to support people to move off re-ablement as quickly as possible to free up re-ablement capacity. Additional support available from RMBC social work to facilitate these discharges across all 5 units within the community. Therapy Services are closely liaising with RMBC regarding discharge pathways.

All unit managers have been contacted regarding the possible use of surge in the future if this is required. No concerns have been raised by the unit managers at this time.

Additional housing colleague support is available to support those with housing issues and discharges are planned over the course of the next few days.

<table>
<thead>
<tr>
<th>Prepare and respond to large numbers of respiratory patients requiring support</th>
<th>Improve oxygen supplies where feasible to increase capacity</th>
<th>ASAP</th>
<th>John Cartwright/Callum Gardner/George Briggs</th>
</tr>
</thead>
</table>

TRFT Head of Estates, Chris Tobin has produced and presented a report to Gold command which details all outlets available.

The number of O2 outlets at the Trust is 756. Under normal operating conditions the system has functioned.

The design of the current system would have allowed for diversity of use; however the issue if all were to be used at once would be volume and pressure.

The Trust are exploring options for additional oxygen supplies on site and an urgent review is taking place with external support on 1st April.

<table>
<thead>
<tr>
<th>Refresher training all clinical/patient facing</th>
<th>31 March</th>
<th>Paul Ferrie/Helen Dobson</th>
</tr>
</thead>
</table>

Refresher training commenced w/c 23.03 and continues this week for all non-patient facing clinical staff. Around 110 colleagues have been identified and are undertaking the support training.
Moving and handling training commenced w/c 20.03 for all appropriate non-clinical staff.

<table>
<thead>
<tr>
<th>Task</th>
<th>Responsible Parties</th>
</tr>
</thead>
<tbody>
<tr>
<td>Segregate all patients with respiratory problems ASAP</td>
<td>George Briggs/Suzanne Stubbs/Phil Browne</td>
</tr>
<tr>
<td>Areas within the hospital are being reconfigured to create cohort areas for potential and confirmed COVID positive patients (red area) and non COVID positive patients (green area). The UECC has separate areas to segregate potential COVID patients from non COVID patients; this includes a separate red and green RESUS utilising the Rapid Assessment and Treatment area. In addition, to facilitate separation, UECC Paediatrics has moved to the Children’s Assessment Unit. Inpatient ward areas have been segregated to facilitate red and green areas for admission. Potential COVID patients awaiting results are being cohorted on the Acute Medical Unit. Confirmed COVID positive patients are being cared for on B5. Plans are underway to increase red capacity on a phased approach as demand for COVID positive patients increases. The Intensive Care Unit has a plan in place including triggers for upscaling, utilising theatre capacity and ventilators. Plans are being finalised regarding a separate red area for Obstetrics and Gynaecology.</td>
<td></td>
</tr>
<tr>
<td>Support staff and maximise staff availability Enhanced health &amp; wellbeing support</td>
<td>Steve Ned</td>
</tr>
<tr>
<td>TRFT have implemented a COVID-19 staff helpline 06.00 – 19.00, 7 days a week. This supports employees and managers with enquiries and advice relating to COVID absence or self-isolation, signposting to other support mechanisms; e.g. risk assessment process for vulnerable or high risk groups, access to wellbeing support through the Trust’s Occupational Health</td>
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</table>
The helpline also co-ordinates the booking process and assessment for staff swabbing. The Trust is investigating whether they can access RDaSH practitioners/counsellors to support and enhance the mental health & wellbeing offer for staff.

<p>| Targeted testing for COVID-19 for symptomatic NHS staff | George Briggs | Staff testing is in place at Woodside as a drive through facility, currently provision in place for 20 per day which is being shared with primary care, this will increase as access to pathology increases. Criteria for testing has been set and circulated including templates for staff. The criteria and provision for testing is now being reviewed to ensure it is in line with recent national guidance. |
|Availability of hotel accommodation for frontline NHS staff (voluntary) | Steve Ned | A Sheffield hotel has offered free accommodation to TRFT and discussions have taken place with local hotels that will support at cost. The booking and reimbursement process is currently being worked through alongside NHSE/I guidance. |
|Management of at-risk staff | Steve Ned | TRFT’s Deputy Chief Nurse has developed a risk assessment and shared with the Divisions. The expectation is that managers will conduct the risk assessment and support colleagues to either remain at work or facilitate home working where possible. The Divisions have reviewed a number of risk assessments and made recommendations to support people to remain at work. In some instances further advice is required before any decision can be made. |</p>
<table>
<thead>
<tr>
<th>TRFT will establish a risk assessment panel to review those cases which are more complex/require further clinical input and implement this week.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Deployment of at-risk/isolated clinical staff to undertake telephone consultations, video &amp; advice i.e. outpatients, 111, OOH</strong></td>
</tr>
</tbody>
</table>
| **All clinicians in non-patient facing to be inducted to return to direct patient facing Duties**  
Clinicians to work beyond their usual disciplinary boundaries and specialisms | **Steve Ned/Callum Gardner** | In line with national guidance, all appropriate registered Nurses, Midwives and AHP’s currently in non-patient facing roles have been asked to support direct clinical practice, following appropriate local induction, training and support.  
TRFT have put a programme of training and support in place for staff. |
| **Support the wider population measures**  
Sustain urgent and routine outpatient & primary care via video, telephone, email & text | **ASAP**  
**James Rawlinson** | Video consultation has been trialled 19.3.20 but not currently working well enough to use clinically. Using telephone for outpatients at present and expecting to significantly reduce Outpatient diagnostics by 27.3. |
| **Support the wider**  
Limit visitors to | **ASAP**  
**Aiden Rice** | From 20.3. the only visitors will be: |
| population measures | patients | 1 visitor for births and patients with complex Mental Health issues and visitors for patients on End of Life pathway. Communications going out continuously to inform staff and relatives – specific information from 23.03 in relation to visiting – attached poster has been put up across the organisation with specific instructions – see file below No Visitors.pdf |
| Stress test operational readiness | All providers to check business continuity plans Trust incident management teams – ability to provide daily sitrep information System wide stress test | ASAP | George Briggs/Sally Kilgariff | A review of business continuity plans has taken place with each division. Business continuity issues arising as a result of COVID are being managed through daily silver operational meetings led by the Chief Operating Officer or Deputy Chief Operating Officer. Trust Incident Management Team and command structures are in place. Daily Sitreps are being submitted via the Incident Management Team. TRFT have engaged where appropriate in the stress test. |
| Recording COVID costs | No invoicing of NCA | Monthly returns of costs incurred – including extra bed capacity | Provide expected costs to end of period | Financial governance review |WC 23.3. | Simon Sheppard | • All invoicing will stop from 1 April for non-contracted activity  
• All costs linked to COVID19 are being approved prior to being incurred through the daily gold meeting  
• Any capital identified is forwarded to NHSE-I for approval prior to ordering  
• Daily tracking of staff absence to validate workforce costs  
• Awaiting further guidance/income & cost values on 23 March |
<table>
<thead>
<tr>
<th>Agenda item</th>
<th>105/20</th>
</tr>
</thead>
<tbody>
<tr>
<td>Report</td>
<td>Monthly Integrated Performance Report</td>
</tr>
<tr>
<td>Executive Lead</td>
<td>Michael Wright, Deputy Chief Executive</td>
</tr>
<tr>
<td>Link with the BAF</td>
<td>B1, B2, B10</td>
</tr>
<tr>
<td>Purpose</td>
<td>Decision □ To note ✔ Approval □ For information □</td>
</tr>
</tbody>
</table>

**Executive Summary** (including reason for the report, background, key issues and risks)

Enclosed is the Integrated Performance Report for the Trust, based on the latest available data (March wherever possible).

**Recommendations**
The Board is asked to note the report.

**Appendices**
- IPR metrics – Supporting Information
  1 – Cancer Waiting Times
  2 – RTT Performance
  3 – DM01 Diagnostics
**Integrated Performance Dashboard (February 2020)**

**Key Performance Indicators**

<table>
<thead>
<tr>
<th>Key Performance Indicator</th>
<th>Reporting Period</th>
<th>Target</th>
<th>Performance</th>
<th>Trend</th>
<th>Data Quality</th>
</tr>
</thead>
<tbody>
<tr>
<td>A&amp;E % Left without being seen</td>
<td>Jan-20</td>
<td>5.00%</td>
<td>7.74%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>IP Friends &amp; Family Test (% Positive)</td>
<td>Feb-20</td>
<td>95.0%</td>
<td>97.0%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% LAC assessments reported &lt;20</td>
<td>Feb-20</td>
<td>95%</td>
<td>62.5%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>New Complaints per WTE</td>
<td>Feb-20</td>
<td>7.6</td>
<td>6.2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ambulance Turnaround Times % &gt; 60 mins</td>
<td>Feb-20</td>
<td>0.0%</td>
<td>8.9%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cancelled Operations</td>
<td>Feb-20</td>
<td>0.8%</td>
<td>1.7%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Delayed Transfer of care</td>
<td>Feb-20</td>
<td>3.5%</td>
<td>5.6%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dementia Assessment</td>
<td>Jan-20</td>
<td>90.0%</td>
<td>94.4%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hip Fracture Best Practice Compliance</td>
<td>Jan-20</td>
<td>65.0%</td>
<td>75.0%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mortality (HSMR Rolling 12 Month)</td>
<td>Nov-19</td>
<td>100</td>
<td>116.8</td>
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</tr>
<tr>
<td>% Pre-Noon Discharge</td>
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<td>85.7%</td>
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<td>Diagnostics (DM01)</td>
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<tr>
<td>18 weeks (RTT Incomplete)</td>
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<td>e-Referral Slot Issues Rate</td>
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<td>Access to Antenatal Services within 90 days</td>
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<td>C Diff incidence rate per 100,000 bed days</td>
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<td>Emergency Caesarean Section Rate</td>
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<td>16.4%</td>
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<td>MRSA bacteraemia rate per 100,000 bed days</td>
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<td>0.73</td>
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<td>Potential under reporting of incidents</td>
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<td>43.3</td>
<td>52.3</td>
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<td>Readmissions (Non Elective 28 day)</td>
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<td>VTE Assessment Completion %</td>
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<td>Incident Reporting Culture - % Incidents Severe</td>
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<td>Variance from Plan</td>
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<td>Proportion of Temporary Staff</td>
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<td>Sickness Rates (In Month)</td>
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<td>4.81%</td>
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<td>Staff Turnover</td>
<td>Feb-20</td>
<td>1.26%</td>
<td>0.81%</td>
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**Key Achievements**

- **Incident Reporting Culture (% of Incidents Severe)**
  - The % of incidents that were severe on a rolling 6-month basis fell to 0.17% this month, based on a reduction of severe incidents in the period from 7 to 6, with the total number of incidents remaining at around 3,500. 1 incident in the month of February was thought to have led to severe harm, and this case is being investigated through the SI panel as appropriate.

- **Diagnostics (DM01)**
  - The Trust continued to meet the DM01 6-week waiting time standard, with 1 breach in the month of February, out of a waiting list of 4,200 patients. This was a patient waiting for a cytoreduction. Given the developments around Covid-19, we expect the average waiting time for non-essential diagnostics to grow (there will be a significant number of these patients already on the waiting list), and to see a significant deterioration in performance from April.

- **Elective Inpatient Activity**
  - Elective inpatient activity continues to under-perform against plan, with this month’s position due to lower than planned activity within Trauma and Orthopaedics and General Medicine. The demand and capacity challenges within T&O have been reviewed as part of planning for 2020/21. Given the impact that Covid-19 will have on elective activity in March, the variance to plan is likely to be further exacerbated in M12. This is having a significant adverse impact on Variance Against Plan.

- **Cancled Operations**
  - Cancellations occurred at the highest absolute number in at least 2 years this month, with 45 cancelled operations. Some of these related to the need to create a Covid-19 isolation area at very short notice, although almost half of the cancellations were due to no bed being available on HDU or a ward. A further 11 (24%) were due to surgical availability. However, in the second half of the month and first half of March we saw a gradual improvement in this metric and several other relates measures (such as 21+ day LoS patients), following some additional actions which were implemented after the arrival of the new Chief Executive.

- **Mortality**
  - The Trust has participated in two analytical sessions with Dr. Foster in the last few months, in order to better understand the reasons behind the Trust’s high mortality rate relatively worse. Our initial review with Dr. Foster suggests it is significant. We are currently amending our recording and reporting processes to ensure parity with other local Trusts.

**Sustained Delivery**

- **Delayed Transfers of Care**
  - Over the last few months, DTOCs have returned to the levels from early in 2017/18, with staff shortages at RMBC having an impact on social worker availability. However, in the second half of the month and first half of March we saw a gradual improvement in this metric and several other relates measures (such as 21+ day LoS patients), following some additional actions which were implemented after the arrival of the new Chief Executive.

- **Continued Challenged Performance**
  - Mortality

**All variances of more than 5% from plan are highlighted in red**

**In Month Activity (M11)**

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<thead>
<tr>
<th>Plan</th>
<th>Actual</th>
<th>Variance</th>
<th>Diff. %</th>
<th>Plan</th>
<th>Actual</th>
<th>Variance</th>
<th>Diff. %</th>
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<td>382</td>
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<td>5,011</td>
<td>4,707</td>
<td>-305</td>
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<tr>
<td>2,019</td>
<td>1,972</td>
<td>-47</td>
<td>-2%</td>
<td>23,416</td>
<td>22,832</td>
<td>-584</td>
<td>-2%</td>
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<tr>
<td>2,052</td>
<td>2,203</td>
<td>151</td>
<td>7%</td>
<td>23,699</td>
<td>25,226</td>
<td>1,527</td>
<td>6%</td>
</tr>
<tr>
<td>8,204</td>
<td>7,445</td>
<td>759</td>
<td>7%</td>
<td>94,770</td>
<td>92,526</td>
<td>2,244</td>
<td>2%</td>
</tr>
<tr>
<td>1,375</td>
<td>1,410</td>
<td>35</td>
<td>3%</td>
<td>15,879</td>
<td>15,450</td>
<td>429</td>
<td>3%</td>
</tr>
<tr>
<td>19,608</td>
<td>21,968</td>
<td>2,360</td>
<td>12%</td>
<td>227,456</td>
<td>265,936</td>
<td>38,480</td>
<td>17%</td>
</tr>
<tr>
<td>371</td>
<td>410</td>
<td>39</td>
<td>11%</td>
<td>4,079</td>
<td>4,145</td>
<td>66</td>
<td>2%</td>
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**YTD Activity**

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<th>Variance</th>
<th>Diff. %</th>
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<tbody>
<tr>
<td>5,011</td>
<td>4,707</td>
<td>-305</td>
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<tr>
<td>23,416</td>
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<tr>
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<tr>
<td>4,079</td>
<td>4,145</td>
<td>66</td>
<td>2%</td>
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## Appendix 1 - January Tumour Site Breakdown*

<table>
<thead>
<tr>
<th>Tumour Site</th>
<th>62 Day from 2ww Target 85%</th>
<th>62 day CUG Target TBC</th>
<th>62 Day Screening Target 90%</th>
<th>31 Day 1st Treated Target 96%</th>
<th>31 Day Subsequent Surgery Target 94%</th>
<th>31 Day Subsequent Drug Target 98%</th>
<th>2WW Target 93%</th>
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<tr>
<td></td>
<td>Before reallocations</td>
<td>After reallocations</td>
<td>Before reallocations</td>
<td>After reallocations</td>
<td>Before reallocations</td>
<td>After reallocations</td>
<td>Before reallocations</td>
</tr>
<tr>
<td>Breast</td>
<td>88.9% 88.9%</td>
<td>100.0% 100.0%</td>
<td>100.0% 100.0%</td>
<td>100.0% 100.0%</td>
<td>100.0% 100.0%</td>
<td>100.0% 100.0%</td>
<td>100.0% 100.0%</td>
</tr>
<tr>
<td>Gynaecological</td>
<td>66.7% 66.7%</td>
<td>50.0% 50.0%</td>
<td>100.0% 100.0%</td>
<td>100.0% 100.0%</td>
<td>100.0% 100.0%</td>
<td>100.0% 100.0%</td>
<td>96.6%</td>
</tr>
<tr>
<td>Haematological</td>
<td>100.0% 100.0%</td>
<td>100.0% 100.0%</td>
<td>100.0% 100.0%</td>
<td>100.0% 100.0%</td>
<td>100.0% 100.0%</td>
<td>100.0% 100.0%</td>
<td>100.0%</td>
</tr>
<tr>
<td>Head and Neck</td>
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<td>75.0% 100.0%</td>
<td>100.0% 100.0%</td>
<td>100.0% 100.0%</td>
<td>100.0% 100.0%</td>
<td>100.0% 100.0%</td>
<td>97.5%</td>
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<tr>
<td>Lower Gastrointestinal</td>
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<td>100.0% 100.0%</td>
<td>100.0% 100.0%</td>
<td>100.0% 100.0%</td>
<td>78.9%</td>
</tr>
<tr>
<td>Lung</td>
<td>72.7% 80.0%</td>
<td>57.1% 58.3%</td>
<td>100.0% 100.0%</td>
<td>100.0% 100.0%</td>
<td>100.0% 100.0%</td>
<td>100.0% 100.0%</td>
<td>100.0%</td>
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<tr>
<td>Other</td>
<td>100.0% 100.0%</td>
<td></td>
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<td>100.0%</td>
<td>100.0%</td>
<td>100.0%</td>
<td></td>
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<tr>
<td>Sarcoma</td>
<td>50.0% 50.0%</td>
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<td>100.0%</td>
<td>100.0%</td>
<td>100.0%</td>
<td>100.0%</td>
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<tr>
<td>Skin</td>
<td>100.0% 100.0%</td>
<td>85.7% 85.7%</td>
<td>96.7% 80.0%</td>
<td>100.0%</td>
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<td>100.0%</td>
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<td>100.0%</td>
<td>100.0%</td>
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</tr>
<tr>
<td>Upper Gastrointestinal</td>
<td>88.9% 80.0%</td>
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<td>100.0%</td>
<td>100.0%</td>
<td>100.0%</td>
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<tr>
<td>Urological</td>
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<td>100.0%</td>
<td>100.0%</td>
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<tr>
<td>Total</td>
<td>80.7% 78.7%</td>
<td>72.2% 69.9%</td>
<td>92.3% 85.7%</td>
<td>96.1% 96.3%</td>
<td>100.0%</td>
<td>100.0%</td>
<td>93.7%</td>
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*Pre-validation - subject to change*
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<th>Trust Total Non Admitted</th>
<th>Trust Total Incomplete</th>
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<td>(18Wks+)</td>
<td>(% &lt;18Wks)</td>
</tr>
<tr>
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<tr>
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<td>(18Wks+)</td>
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<td>Ear, Nose &amp; Throat (ENT)</td>
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<td>Neurosurgery</td>
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<tr>
<td>Plastic Surgery</td>
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<td>General Medicine</td>
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<td>8</td>
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<tr>
<td>Gynaecology</td>
<td>70</td>
<td>43</td>
<td>61.9%</td>
</tr>
<tr>
<td>Other</td>
<td>111</td>
<td>38</td>
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<tr>
<td>Total</td>
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### Targets

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<td>Cardiology</td>
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<td>92.0%</td>
</tr>
<tr>
<td>Dermatology</td>
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<td>95.0%</td>
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<td>95.0%</td>
<td>92.0%</td>
</tr>
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<td>95.0%</td>
<td>92.0%</td>
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<tr>
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### Appendix 3 - February 2020 - 18 Week RTT Return Data

- **TARGETS**
  - **Admitted**: 90.0%
  - **Non Admitted**: 95.0%
  - **Incomplete**: 92.0%
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## Diagnostics (DM01) - Patients Still Waiting at Month End
### February 2020

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<th>≥ 6 weeks</th>
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<td>Report</td>
<td>Quality Report</td>
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</table>
| Executive Lead | Angela Wood, Chief Nurse  
Dr Callum Gardner, Medical Director |
| Link with the BAF | BAF: B1, B4, B7  
Corporate Risk Register: 3908, 4733, 4174, 4080 |
| Purpose | ![Decision](on)  
To note ![√](on)  
Approval ![off](off)  
For information ![off](off) |
| Executive Summary (including reason for the report, background, key issues and risks) | This report is provided to enable the Board Members to summarise a set of quality indicators and to provide assurance to the Board of Directors.  
Hospital Standardised Mortality Ratio (HSMR) is at 116 and work continues to determine where improvements can be made.  
Many of the national reporting systems for monitoring quality have been paused or scaled back during the current climate. Internal processes are being adapted to ensure that this does not have an adverse effect on the quality of care delivered or our ability to report this internally. |
| Recommendations | The Board is asked to note this report. |
| Appendices | 1. Nurse Staffing Data |
1.0 Patient Safety

1.1 Harm Free Care – The overall harm free score improved to 95.6% for February (92.18% in January).

1.2 Hospital Acquired Infection - The Infection Prevention and Control Team have prioritised Covid-19 related work this month. Routine monitoring and reporting continues in addition to this as much as possible.

1.3 Mortality – The latest HSMR figure is 116 with SHMI (Summary Hospital-level Mortality Indicator) at 118. The trust has been working extremely closely with Dr Foster to determine where improvements can be made.

75% of recent deaths have been reviewed by the Medical Examiner with 25% of cases reviewed identified as requiring a Structured Judgement Review by the divisions. This includes those requiring a review due to learning disability/mental illness in accordance with the LeDeR (Learning from Deaths) process. Quality Improvement work continues in relation to ceilings of care and coding. The first Learning from Deaths Specialist Nurse was welcomed into the trust this month. Her role will initially be concentrating on the learning from inquests and dissemination of the recommendations to ensure learning is happening.

2.0 Patient Experience

2.1 Complaints – The Trust received 24 formal complaints in February (23 in January). 10 complaints were closed, 75% of written responses were closed within agreed timescale. National escalation of complaints has now been paused with no reporting requirement and the Trust will be issuing letters to complainants advising of our temporary processes for managing complaints whilst ensuring that effective systems for patient feedback and learning are maintained.

2.2 Friends and Family Test (FFT) – Data not currently available for February. FFT has been temporarily paused from April but service users are being directed to online forums such as NHS Choices if they wish to leave feedback.

3.0 Clinical Effectiveness

3.1 Nurse Staffing - There was a reduction in Registered Nurse/Midwife fill rates on both days and nights in February. The overall vacancy rate has reduced slightly with recruitment plans included during February 2020. Significant disruption to nurse staffing is anticipated in the coming months, including a delay in the international recruitment process. See appendix 1 for Nurse Staffing data, including Care Hours per Patient Day.

3.2 CQUIN’s - NHS England and NHS Improvement have confirmed that they will not be seeking the submission of 2019/20 quarter 4 data from providers. In addition, the 2020/21 CQUIN (Commissioning for quality and innovation) will be suspended for the period from April to July 2020, and there is therefore no requirement to take action to implement the CQUIN requirements, nor carry out CQUIN audits or submit CQUIN performance data. However, the Trust will continue to obtain baseline information and identify any areas for action, where required.

4.0 Quality Governance

4.1 Quality Improvement Plan: The Quality Improvement Priorities continued throughout February but progress updates have been impacted by escalating pressures within the Trust.
4.2 The Quality Priorities for next year are currently being agreed. It is anticipated that progress with these will be constrained for at least 6 months.

4.3 **Care Quality Commission (CQC):** A range of activities continued throughout February in preparation for the 2020 CQC inspection, focussing on completion of action plans. Confirmation has now been received from the CQC that the current inspection regime is temporarily on hold. Preparations for inspection later in the year will continue where appropriate. It is recognised that some previously completed actions such as mandatory training levels may fall off track due to current pressures.

5.0 **Conclusion**

5.1 Quality of care delivery remains a priority and measures are being taken to ensure that this continues to be maintained, monitored and reported despite the anticipated significant disruption to services.
## Ward Nurse Staffing

### WARD DASHBOARD - FEBRUARY 2020

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<th>WARD</th>
<th>Falls (moderate and above)</th>
<th>CDFF</th>
<th>MNSA</th>
<th>Pressure Ulcers Grade 2</th>
<th>Pressure Ulcers 3,4,5</th>
<th>Complaints</th>
<th>Red Flags (red internal incidents)</th>
<th>Family and Friends Test</th>
<th>Midnight Occupancy</th>
<th>Average fill rate RGN</th>
<th>Average fill rate Care</th>
<th>Average fill rate Staff</th>
<th>Average fill rate RNA</th>
<th>Staff:RGN</th>
<th>Average fill rate AHP</th>
<th>Average fill rate RGN</th>
<th>Average fill rate Staff</th>
<th>Average fill rate RNA</th>
<th>Average fill rate Staff</th>
<th>Registered Midwives/Nurses/RNA</th>
<th>Care Staff/TNA</th>
<th>Overall Staffing</th>
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<tr>
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<td>95.33%</td>
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### Agenda item 105/20(b)

**Report**
Operational Report

**Executive Lead**
George Briggs, Chief Operating Officer

**Link with the BAF**
B1, B2

**Purpose**

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This report summarises operational performance at TRFT for the month of February. It highlights some of the key issues and actions going forward to improve performance.

It includes a summary of latest positions against:

- Urgent & Emergency care standards
- National Cancer Standards
- Diagnostics (DMO1)
- 18 week RTT incomplete pathway

**Recommendations**

It is recommended that the Board of Directors note the information.

**Appendices**

1. Operational Report
2. Performance Slides
1.0 Introduction:

1.1 This paper covers key operational indicators, an overview of performance in February 2020, summarising headline progress and actions being taken to address areas of concern and deliver expected performance improvements as required.

2.0 Operational performance

2.1 Urgent and Emergency Care

2.1.1 Performance against the Emergency Care standards has been variable in February, despite reduced levels of attendances. Ambulance handover delays have seen significant improvements following a number of actions to support flow through Urgent and Emergency Care Centre (UECC), with handover delays over 60 minutes falling to 11 in the final week of the month, from a weekly average of over 40 for each of the prior three weeks. Further actions are planned, including the purchase of 5 additional trollies for the department, with the aim of reducing these delays even further.

2.1.2 The UECC team introduced a slightly different approach to triage at the front door several weeks ago, based on analysis of the most effective clinical model. This means that triage (and streaming) is undertaken in individual rooms next to the main waiting room, rather than sometimes occurring at the point of arrival.

2.1.3 Average time to see a clinician also remained high through February, with no days below the standard of 60 minutes across the month. However, time to see a clinician followed a different weekly trend in February, with time to see a clinician at the weekends falling to comparable levels to during the week, as opposed to the 22 minute average increase seen over the previous 5 months. This is in part driven by the increased flow and bed capacity which has been freed up through the organisation, leading to fewer long bed waits at weekends, particularly in the last two weeks of the month.

2.1.4 Mean total time followed a similar daily trend to time to be seen by a clinician, with performance against the 200-minute proposed standard above standard throughout all but three days in the month. However, disappointingly there were 12 trolley waits across one day in the middle of the month when the site came under considerable pressure. These have been individually reviewed to ensure lessons have been learned.
2.1.5 There were 364 waits in the department of over 12 hours, (compared to 425 in January). These long waits were due to bed waits, although the data from the latter half of the month and the first half of March shows a turnaround in performance on long waiters, this is heavily dependent on how Covid-19 affects the Trust over these last few weeks).

Table 1: Number of 12 hour waits in department, July 2019 – January 2020

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<td>142</td>
<td>158</td>
<td>125</td>
<td>154</td>
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<td>404</td>
<td>425</td>
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2.2 Cancer Treatment

2.2.1 The Trust’s 62-day cancer position for Quarters 1, 2 and 3 was below the national standard, with a deterioration below 70% in some months. This prompted the trust to begin a formal cancer improvement programme, with weekly recovery meetings in place and a dedicated cancer improvement manager in post. Q3 data shows performance of under 75%, but hidden within the latest quarterly performance data are some significant signs of progress, including performance of 84.3% in the last month of the quarter. January’s 62-day performance fell back slightly to 78.7%, although this deterioration was predicted given the festive period leading to reduced numbers of clinics as well as the impact of patient choice around when patients were willing to attend for appointments or treatment.

2.2.2 To date, major points of failure against the 62-day standard have been Urology and Lower GI, with capacity constraints and weaknesses in process leading to a number of breaches each month. The Lower GI position has improved significantly, with just 1 breach in January, but 6.5 breaches in Urology out of 13 breaches in total across all specialties. 2 of these breaches were at 63 days.
2.2.3 If we consider the performance of TRFT cancer pathways alone, we saw 9 wholly-owned breaches in January out of 53 wholly-owned pathways, which equates to performance of 83% against the 85% standard.

2.2.4 Performance against the 31-day target (96%) continues to be above standard.

2.2.5 2 week waits (93%) have improved due to the implementation of the 7 day action plans, with the Trust achieving the standard consecutively for the last 3 months.

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<th>Month</th>
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<td>October</td>
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<td>November</td>
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<td>December</td>
<td>96.5%</td>
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<tr>
<td>January</td>
<td>93.7%</td>
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</table>

2.3 Length of stay

2.3.1 Long length of stay numbers improved slightly in February to 41 (from an average of 50 for most of January), but have come down very significantly since the end of the month, at 22 in mid-March. The organisation has retained use of 30 additional community beds beyond the initial end of March planned date given the need to ramp up community capacity in preparation for freeing up beds on-site for Covid-19 patients.

*Fig 3: Number of super stranded patients by week*

![Graph showing Long Stay Wednesday days with numbers]

2.4 18 Week Referral to Treatment Time (RTT) Incomplete

2.4.1 February performance is 91.0% against the 92% 18 week RTT Incomplete target, with 8 specialties failing the standard this month – General Surgery, Trauma and Orthopaedics, Respiratory Medicine, Oral Surgery, Geriatric Medicine, Gynaecology, Ophthalmology and Other (includes Clinical Haematology, Orthodontics). We have managed to retain performance at the January level despite multiple theatre list cancellations due to adverse events in the month (roof leaks, ventilation failures etc.). However, given the gradual closing down of Elective Care in March in response to Covid-19, we would expect our RTT position and waiting list size to deteriorate significantly over the coming months.
Oral surgery performance is linked to the reclassification of dental pathways which, since a national reclassification, are now recorded in a different manner. There is no new activity therefore being recorded against this specialty, and so performance looks artificially low as the service works through its existing patient list.

2.4.2 The overall waiting list reduced in January from 15,444 in October to 15,384 which is significantly over our trajectory for this time period. This is in part due to reduced activity levels within a number of specialties due to theatre challenges, as well as insufficient capacity in a couple of specialties. The year-end trajectory will not be met, as predicted last month. The recently-published Operational Planning Guidance requires all providers to ensure their waiting lists in January 2021 are a reduction on the waiting list size as of the end of January 2020, which for Rotherham was 14,912 patients. Again, given the developments around Covid-19 are likely to mean that this will no longer be retained as a requirement going forward. In addition, the demand and capacity and activity plans which specialty teams have developed for 2020/21 will need to be put on hold whilst we manage the Covid-19 pandemic. Instead, as we are able to de-escalate our Covid-19 management arrangements, we will revisit these plans so they take account of our revised position, and ensure we can recover from the backlog which will have built up.

2.5 Cancelled Operations

2.5.1 We saw cancellations on the day at 45, a significant increase from previous months. The primary reasons for this were due to lack of beds and complications earlier in the list. Some of this was due to the urgent need to create an isolated area for possible Covid-19 patients at very short notice. All patients were re-appointed in 28 days.

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<th>18Wks+</th>
<th>%&lt;18Wks</th>
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* Oral surgery performance is linked to the reclassification of dental pathways which, since a national reclassification, are now recorded in a different manner. There is no new activity therefore being recorded against this specialty, and so performance looks artificially low as the service works through its existing patient list.
### 2.6 6 Week Wait Diagnostic Tests

2.6.1 The validated position for DMO1 for January 2019 is 99.88% as there were 5 six week wait breach in the month.

### 3 Conclusion

3.1 Performance against the main UECC access standards was poor in February, despite reduced demand at the front door. However, we saw some significant and impressive performance improvement in key metrics relating to flow (ambulance handovers, super-stranded patients and DTOCs), although this has not yet translated into an impact at the front-end of the pathway. The RTT standard was failed for the third month, with a growth in the waiting list as well.

3.2 With the on-going developments around Covid-19 and organisational need to prioritise the preparations for it and the management of it over the next several months, there will be significant deterioration in our performance across all metrics. We will have to prioritise our patients and how we distribute our resource meticulously, and do not expect to be able to treat non-urgent patients for several months. This will create a backlog of patients who we will have to work through when we begin recovering our position.

3.3 We expect national decisions around relaxation or suspension of the national standards for a significant proportion of 2020/21, given the impact that Covid-19 will have on performance and the need to ensure all service and clinical decisions are made without regard to the impact on ‘normal’ operational performance metrics. We understand that this will be confirmed by the end of March.

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G Briggs  
Chief Operating Officer  
April 2020

---

<table>
<thead>
<tr>
<th></th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>By Hosp Emergency Added to List</td>
<td>1</td>
</tr>
<tr>
<td>By Hosp Equipment Failure</td>
<td>5</td>
</tr>
<tr>
<td>By Hosp Infection Risk on Ward</td>
<td>3</td>
</tr>
<tr>
<td>By Hosp Late Theatre List Start</td>
<td>1</td>
</tr>
<tr>
<td>By Hosp No Bed Available HDU/Ward</td>
<td>22</td>
</tr>
<tr>
<td>By Hosp Priority of Patients</td>
<td></td>
</tr>
<tr>
<td>By Hosp Surgical Complications Earlier in Theatre List</td>
<td>11</td>
</tr>
<tr>
<td>By Hosp Other</td>
<td>1</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td><strong>45</strong></td>
</tr>
</tbody>
</table>
February saw an average of under 250 attendances a day, with demand falling compared to previous months and the same month last year.

A&E Attendances by day – SPC chart and 28 day rolling average, February 2020
Acuity continued to decline following the peak in mid-January, although is still above levels seen when the recording ....

A&E Acuity of Attendances by NEWS2 score, March 2019 - February 2020

- Rolling 4 week average numbers of attendances with NEWS2 score of 5 or over rose from approximately 10 in April to just under 12 at the end of February, but this was a decline from the peak of over 15 in January
- SPC chart shows 3 days where acuity levels of attendees were in the upper third of the control limit, with no days outside the control limit
The slight reduction in attendances did not lead to an improvement in time to be seen by a clinician in the month.

Average time to be seen by a clinician (in minutes), February 2020
However, flow through the hospital started to improve given the lower levels of attendances and some specific interventions introduced in mid-February to ensure appropriate escalation of long waiters.

In February, 364 patients waited over 12 hours to be admitted or to leave the department. Based on March’s performance to date, estimated projections suggest this figure will fall dramatically to approximately 200 (dependent on the impact of Covid-19 in these next 2 weeks)
Cancer performance continues to be challenged across the 2 week wait (breast) and 62 day standards in particular.

<table>
<thead>
<tr>
<th>Standard</th>
<th>Target</th>
<th>January 2019 (100% validated)</th>
<th>Activity</th>
<th>Breaches</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 Week Wait</td>
<td>93%</td>
<td>93.7%</td>
<td>829</td>
<td>52</td>
</tr>
<tr>
<td>2 Week Wait (Breast)</td>
<td>93%</td>
<td>90.3%</td>
<td>62</td>
<td>6</td>
</tr>
<tr>
<td>62 Day</td>
<td>85%</td>
<td>78.7%</td>
<td>61</td>
<td>13</td>
</tr>
<tr>
<td>62 Day - Consultant Upgrade</td>
<td>-</td>
<td>69.9%</td>
<td>36.5</td>
<td>11</td>
</tr>
<tr>
<td>62 Day - Screening</td>
<td>90%</td>
<td>85.7%</td>
<td>7</td>
<td>1</td>
</tr>
<tr>
<td>31 Day – First Treatment</td>
<td>96%</td>
<td>96.1%</td>
<td>102</td>
<td>4</td>
</tr>
<tr>
<td>31 Day – Subs for Chemotherapy</td>
<td>98%</td>
<td>100%</td>
<td>14</td>
<td>0</td>
</tr>
<tr>
<td>31 Day – Subs for Surgery</td>
<td>94%</td>
<td>96.3%</td>
<td>27</td>
<td>1</td>
</tr>
</tbody>
</table>
This is driven by a high number of 62-day breaches in Urology, although in part this is due to the relative size of the specialty.

- 62-day breaches in Urology constituted over 40% of total breaches over the last 3 months, although in part this is because the specialty’s activity accounted for 37% of all treatments in the same period.
- We have amended the pathways within Urology to ensure the diagnostics take place more quickly, and in parallel rather than in series.
- In addition, we are planning to appoint an additional Urology CNS in order to provide vital nursing capacity to drive patient pathways forward.

<table>
<thead>
<tr>
<th>Tumour Site</th>
<th>November</th>
<th>December</th>
<th>January</th>
</tr>
</thead>
<tbody>
<tr>
<td>Urological</td>
<td>1</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Head and Neck</td>
<td>3</td>
<td>0.5</td>
<td>1</td>
</tr>
<tr>
<td>Breast</td>
<td>3.5</td>
<td>1.5</td>
<td>1.5</td>
</tr>
<tr>
<td>Lower Gastrointestinal</td>
<td>4</td>
<td>2.5</td>
<td>2.5</td>
</tr>
<tr>
<td>Lung</td>
<td>9.5</td>
<td>6.5</td>
<td>6.5</td>
</tr>
<tr>
<td>Other</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Skin</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Breast</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Upper Gastrointestinal</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Haematological</td>
<td>2</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Other</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Skin</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>
Our wholly-owned pathways performance in January is 86%, but we need to radically improve our performance against IPT referrals within 38 days if we are to achieve the standard on a consistent basis.

Performance across our wholly-owned pathways has fallen back down to the mid 80s again in January.

53% of our IPTs were within the 38 day target in January, a way away from the 85% expectation.
The Trust missed the RTT standard in January 2019, and performance remains a concern given ongoing Winter pressures and a number of adverse events affecting theatre capacity.

### RTT Performance, October 2018 – January 2020

- **RTT performance**
  - Last month, we predicted that despite several unexpected adverse events already in February which had affected theatre capacity, we would expect to hold our position close to 91%.
  - Performance did indeed remain at 91.0% in February, with an additional failing specialty within Geriatric Medicine.
  - However, with theatre maintenance activity booked for mid-month and then cancelled at the last minute due to a leak, activity plans were further set back.
  - The new Chief Executive and Deputy Chief Executive have approved funding for the roof to be fixed in Spring 2020, once the weather enables the work to take place.

- **PTL management**
  - We have submitted the necessary PTL data to the North East CSU and received the report this week. We are reviewing this to identify the priority actions to take.
  - However, in light of the COVID situation, we do not expect to implement a significant programme of work around this, as originally planned.

This winter we are experiencing a similar decline in performance to last year, given Winter pressures.
The waiting list position has remained below 15,000 patients, although the end of year Waiting List trajectory.

Gap to trajectory is now approximately 1,600 patients, and the end of year trajectory is no longer achievable.

The 4 most challenged specialties are:

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Variance to February trajectory</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ophthalmology</td>
<td>325</td>
</tr>
<tr>
<td>Respiratory</td>
<td>275</td>
</tr>
<tr>
<td>Trauma &amp; Orthopaedics</td>
<td>264</td>
</tr>
<tr>
<td>Gastroenterology</td>
<td>263</td>
</tr>
</tbody>
</table>

There are very specific reasons for some of the variances (for example in Respiratory Medicine where a lack of capacity in diagnostic sleep studies has had a significant impact on the WL size).
Part of the reason for the waiting list increase this month is due to a concerted effort to reduce the numbers of ASIs.

- ASIs reduced from 1,462 in August 2019 to 1,134 in February 2020
- Concerted effort in the last 2 months to significantly reduce ASIs in Ophthalmology
- Trajectories were produced for all Surgical specialties to reduce ASIs over next few months.
<table>
<thead>
<tr>
<th>Agenda item</th>
<th>105/20(c)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Report</td>
<td>Workforce Report</td>
</tr>
<tr>
<td>Executive Lead</td>
<td>Steven Ned, Director of Workforce</td>
</tr>
<tr>
<td>Link with the BAF</td>
<td>B3, B4, B5</td>
</tr>
<tr>
<td>Purpose</td>
<td>Decision [ ] To note [✓] Approval [ ] For information [ ]</td>
</tr>
</tbody>
</table>
| **Executive Summary** (including reason for the report, background, key issues and risks) | - Turnover during February 2020 was 0.61% (99.39% retention) which is a 0.11% increase against February 2019.  
- The Trust’s sickness absence for February 2020 was 4.81% which is a 0.63% decrease compared to January 2020.  
- The 12 month rolling personal development review compliance rate has decreased slightly to 89% for the Trust.  
- Achieved target for recruitment time to clear checks – 31 days.  
- MAST remains at 92% with a focus on Information Governance training to ensure compliance  
- The engagement team have set up and implemented the staff Covid Single Point of Access. This is now operational. |
| Recommendations | It is recommended that the Board note the content of the report. |
| Appendices      | None              |
Workforce Update

Summary

- Turnover during February 2020 was 0.61% (99.39% retention) which is a 0.11% increase against February 2019.
- The Trust’s sickness absence for February 2020 was 4.81% which is a 0.63% improvement compared to January.
- The 12 month rolling personal development review compliance rate has decreased slightly to 89% for the Trust.
- Achieved target for recruitment time to clear checks – 31 days (4th consecutive month achieving/better than target).
- MAST remains at 92% with a focus on Information Governance training to ensure compliance

HR Systems

- Allocate have undertaken a benchmarking exercise of our e-roster utilisation which identified that we perform well in terms of the additional duties we create with opportunities to improve
  - our lead time for approval,
  - unavailability headroom
  - unfilled hours
- The exercise has confirmed matters which we are already well sighted on and are developing plans to address, both as a Trust and with our ICS partners. Divisional review and approve meetings are key to progressing these plans.
- The Trust is working closely with allocate and NHS Professionals to build an interface between the two systems currently in use to provide greater visibility and controls of shift availability and bookings.
- The first initial demonstration of the electronic establishment control process was held with the Clinical Support Services Division and was well received.
Staff Engagement
• The engagement team have set up and implemented the staff Covid Single Point of Access. This is now operational.
• There has been no further work in relation to the NSS 2019 in light of the Covid 19.
• The Flu vaccination offering ceases on 31st March 2020. We have continued to vaccinate a very small number of staff in March.

Learning and Development
• All MaST is now cancelled until further notice; e-Learning available as an alternative. Any staff who are self-isolating/Work From Home are expected to complete all their respective MaST training online.
• 2020/21 PDR paperwork is currently being revised- minor amendments only. A new system is being developed in line with Talent Management principles in readiness for 2021/22.
• New cohort of 14 Training Nurse Associates (TNA’s) started on 23 March. University lectures will be available on line, TNA’s will stay in base placement until further notice. Catch up in rotational places will be organised in the future
• All non-MaST courses have been cancelled for the next three months and all delegates put on a waitlist. This will be reviewed on a monthly basis, with delegates offered new places when the situation allows.
• All external careers and recruitment events have been cancelled and Learning and Development are receiving briefings from the ICS regarding next steps for an anticipated substantive Health and Social Care Emergency Recruitment Campaign.
• The Trust’s Mindfulness training provision has been cancelled and a new remote offering will be made by Dr. Sanjay Suri, starting next week to all staff via Zoom, in an effort to support staff mental wellbeing at this time.
• All student placements for years 1 and 2 have now been cancelled with the exception of midwifery. 3rd year general student placements will continue to enable them to qualify on time.
## Finance Report

**Executive Lead**
Simon Sheppard, Director of Finance

### Executive Summary (including reason for the report, background, key issues and risks)

The key indicators are:

- **2019/20 financial plan**
  - The month 11 position is a deficit of £0.9m against a plan of £0.2m surplus, £1.1m adverse to plan. The position is now £2.8m adverse to Plan.
  - The Trust is not forecasting to deliver the annual plan.
  - Further discussions have been had with the ICS, as part of the annual review, with the Chairman and Chair of Finance & Performance Committee, and with the Executive Team.
  - The Trust is now working to a revised year end forecast of a £3.9m deficit to plan.

- **2019/20 Cost Improvement Programme**
  - In Month 11 £794k CIP was delivered against a plan of £926k, an adverse variance of £132k.
  - The Year to Date position at the end of February is £549k below plan with £7,746k delivered against a plan of £8,296k.
  - Actual and forecast position at Month 11 shows a forecast year end position of £9.0m leaving a gap to the £9.3m plan of £0.3m without further actions.

- **2019/20 Capital Programme**
  - The Trust has an annual capital programme of £5.4m including £0.5m of additional IT funding (which has now been confirmed).
  - The Trust has also received £0.3m for a Mammography machine, and £0.2m for Cyber security, £0.3m Endoscopy and £1.9m Digital Aspirant.
  - The Revised plan is now approx. £8.1m.
  - The February spend is adverse to plan by £139k, with the YTD position now £331k under plan. The main reason is the delay to the Greenoaks programme.
  - The Trust is forecasting delivery of the annual plan.

<table>
<thead>
<tr>
<th>Agenda item</th>
<th>105/20(d)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Report</td>
<td>Finance Report</td>
</tr>
<tr>
<td>Executive Lead</td>
<td>Simon Sheppard, Director of Finance</td>
</tr>
<tr>
<td>Link with the BAF</td>
<td>B8 and B9:</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Purpose</th>
<th>Decision</th>
<th>To note</th>
<th>Approval</th>
<th>For information</th>
</tr>
</thead>
</table>

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  - The February spend is adverse to plan by £139k, with the YTD position now £331k under plan. The main reason is the delay to the Greenoaks programme.
  - The Trust is forecasting delivery of the annual plan.
- **2019/20 Cash**
  - The Trust ended February with a cash balance of £1.43m
  - Due to the changes in the cash regime from 1 April 2020 there is no requirement for a cash drawdown this month.

**Recommendations**

It is recommended that the Board of Directors **note** the financial position

**Appendices**

1. Financial Appendices
Integrated Finance Report

2019-20 Month 11 – February
### Contents

1. Key Headlines – Month 11 19/20 (Feb)  
   Page 3
2. Executive Summary – Month 11 19/20 (Feb)  
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4. Activity & Income Performance  
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   Page 7
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   Page 8
7. Cost Improvement Programme  
   Page 9
8. Year end Forecast  
   Page 10
### Key Headlines – Month 11 19/20 (February)

<table>
<thead>
<tr>
<th></th>
<th>In Month Plan £ms</th>
<th>In Month Actual £ms</th>
<th>In Month Variance £ms</th>
<th>YTD Plan £ms</th>
<th>YTD Actual £ms</th>
<th>YTD Variance £ms</th>
</tr>
</thead>
<tbody>
<tr>
<td>I&amp;E Performance</td>
<td>0.17</td>
<td>(0.87)</td>
<td>(1.05)</td>
<td>(0.77)</td>
<td>(3.55)</td>
<td>(2.78)</td>
</tr>
<tr>
<td>TRFT Agency Spend</td>
<td>0.73</td>
<td>0.97</td>
<td>(0.25)</td>
<td>9.14</td>
<td>10.43</td>
<td>(1.28)</td>
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<tr>
<td>NHSI Agency Ceiling</td>
<td>0.94</td>
<td>0.97</td>
<td>(0.03)</td>
<td>10.38</td>
<td>10.43</td>
<td>(0.04)</td>
</tr>
<tr>
<td>Efficiency Programme (CIP)</td>
<td>0.93</td>
<td>0.79</td>
<td>(0.13)</td>
<td>8.30</td>
<td>7.75</td>
<td>(0.55)</td>
</tr>
<tr>
<td>Capital Expenditure</td>
<td>0.52</td>
<td>0.38</td>
<td>0.14</td>
<td>4.82</td>
<td>4.49</td>
<td>0.33</td>
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<tr>
<td>Cash Balance</td>
<td>1.36</td>
<td>1.43</td>
<td>0.07</td>
<td>1.36</td>
<td>1.43</td>
<td>0.07</td>
</tr>
</tbody>
</table>
At the end of M11 (February) the Trust is £2,777k adverse to Plan.

NHS Clinical Income: £155k adverse to plan in month. At the end of February the key factors for clinical income continue to be an over-performance in outpatients – this is mainly driven by the increased income levels rather than activity. There does continue to be a trend of activity being under plan and acuity/dependency of patients driving an increased tariff. In month the Trust has seen a significant underperformance in daycases, and ED attendances. This reflects low levels of activity, both against the 19/20 and compared to the same period last year.

Other Operating Income: £9kF in month and £786k year to date – this performance is spread across a number of areas including car parking income, staff recharges, and non clinical SLAs. – this overperformance offsets some of the pay overspend and non pay overspends (see later slides on pay and non pay).

Pay costs: £3,750k A to Plan year to date. Whilst substantive staffing is underspending there are continued pressures on bank and agency – this is inclusive of supporting the winter capacity. Pay costs are also being increased due to the increased sickness and absence levels, despite the low levels of activity. Key pressures in month are:

- Bank £290k Adverse
- Agency £247k adverse
- Internal additional sessions, £250k above the annual trend.

These areas are the key focus for the weekly staffing meeting chaired by the Deputy CEO.

### Summary Income and Expenditure Position

<table>
<thead>
<tr>
<th>Income</th>
<th>19/20 Annual Plan</th>
<th>Monthly Position (February - Month 11)</th>
<th>Year to Date Position</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>£000s</td>
<td>Plan £000s</td>
<td>Actual £000s</td>
</tr>
<tr>
<td>Elective Inpatient</td>
<td>15,118</td>
<td>1,191</td>
<td>1,371</td>
</tr>
<tr>
<td>Elective Daycase</td>
<td>19,310</td>
<td>1,524</td>
<td>1,381</td>
</tr>
<tr>
<td>Non Elective Income</td>
<td>62,836</td>
<td>4,964</td>
<td>4,442</td>
</tr>
<tr>
<td>Emergency Department</td>
<td>13,011</td>
<td>1,030</td>
<td>1,023</td>
</tr>
<tr>
<td>Outpatients</td>
<td>32,792</td>
<td>2,587</td>
<td>2,890</td>
</tr>
<tr>
<td>Critical Care Services</td>
<td>7,426</td>
<td>619</td>
<td>547</td>
</tr>
<tr>
<td>Community Services Income</td>
<td>44,219</td>
<td>3,688</td>
<td>3,707</td>
</tr>
<tr>
<td>Excluded Drugs</td>
<td>10,859</td>
<td>890</td>
<td>812</td>
</tr>
<tr>
<td>Other Clinical Income</td>
<td>30,544</td>
<td>2,443</td>
<td>2,607</td>
</tr>
<tr>
<td>Total NHS Clinical Income</td>
<td>236,115</td>
<td>18,935</td>
<td>18,780</td>
</tr>
<tr>
<td>Other Operating Income</td>
<td>22,845</td>
<td>1,451</td>
<td>1,460</td>
</tr>
<tr>
<td>Provider Sustainability Fund (PSF)</td>
<td>16,206</td>
<td>1,843</td>
<td>1,843</td>
</tr>
<tr>
<td>Total Income</td>
<td>275,166</td>
<td>22,229</td>
<td>22,083</td>
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</tbody>
</table>

### EXPENDITURE

<table>
<thead>
<tr>
<th>EXPENDITURE</th>
<th>19/20 Annual Plan</th>
<th>Monthly Position (February - Month 11)</th>
<th>Year to Date Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pay Costs [Excluding Agency]</td>
<td>(178,118)</td>
<td>(14,624)</td>
<td>(15,509)</td>
</tr>
<tr>
<td>Pay Costs - Agency</td>
<td>(9,827)</td>
<td>(725)</td>
<td>(972)</td>
</tr>
<tr>
<td>Total Pay Costs</td>
<td>(187,945)</td>
<td>(15,349)</td>
<td>(16,482)</td>
</tr>
<tr>
<td>Total Non Pay Costs</td>
<td>(76,237)</td>
<td>(5,788)</td>
<td>(5,583)</td>
</tr>
<tr>
<td>Total Operating Costs</td>
<td>(264,182)</td>
<td>(21,137)</td>
<td>(22,065)</td>
</tr>
<tr>
<td>EBITDA</td>
<td>10,985</td>
<td>1,092</td>
<td>18</td>
</tr>
<tr>
<td>Non Operating Costs</td>
<td>(10,984)</td>
<td>(920)</td>
<td>(892)</td>
</tr>
<tr>
<td>RETAINED SURPLUS / (DEFICIT)</td>
<td>0</td>
<td>172</td>
<td>(874)</td>
</tr>
<tr>
<td>Agency % Total Pay</td>
<td>5.2%</td>
<td>4.7%</td>
<td>5.9%</td>
</tr>
<tr>
<td>EBITDA % Income</td>
<td>0.0%</td>
<td>0.8%</td>
<td>(4.0%)</td>
</tr>
<tr>
<td>Net Deficit % Income</td>
<td>0.0%</td>
<td>0.8%</td>
<td>(4.7%)</td>
</tr>
</tbody>
</table>
## Activity & Income Performance – Month 11 19/20 (February)

<table>
<thead>
<tr>
<th>Activity</th>
<th>19-20 Annual Plan</th>
<th>Plan £000s</th>
<th>Actual £000s</th>
<th>Variance £000s</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elective Inpatient</td>
<td>5,484</td>
<td>432</td>
<td>382</td>
<td>(50)</td>
</tr>
<tr>
<td>Elective Daycase</td>
<td>25,637</td>
<td>2,019</td>
<td>1,972</td>
<td>(46)</td>
</tr>
<tr>
<td>Non Elective</td>
<td>26,039</td>
<td>2,051</td>
<td>2,055</td>
<td>3</td>
</tr>
<tr>
<td>Emergency Department</td>
<td>103,540</td>
<td>8,204</td>
<td>7,445</td>
<td>(759)</td>
</tr>
<tr>
<td>Outpatient New Appointments</td>
<td>75,987</td>
<td>5,983</td>
<td>6,546</td>
<td>563</td>
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<tr>
<td>Outpatient Followup Appointments</td>
<td>173,039</td>
<td>13,625</td>
<td>15,747</td>
<td>2,122</td>
</tr>
<tr>
<td>Adult Critical Care</td>
<td>3,683</td>
<td>307</td>
<td>305</td>
<td>(2)</td>
</tr>
<tr>
<td>Neonatal/Paediatric Critical Care</td>
<td>4,450</td>
<td>371</td>
<td>410</td>
<td>39</td>
</tr>
<tr>
<td>Assessment</td>
<td>17,349</td>
<td>1,375</td>
<td>1,410</td>
<td>35</td>
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<tr>
<td><strong>Total Activity</strong></td>
<td><strong>435,208</strong></td>
<td><strong>34,366</strong></td>
<td><strong>36,272</strong></td>
<td><strong>1,905</strong></td>
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</table>

<table>
<thead>
<tr>
<th>Activity</th>
<th>Plan £000s</th>
<th>Actual £000s</th>
<th>Variance £000s</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elective Inpatient</td>
<td>5,011</td>
<td>4,707</td>
<td>(304)</td>
</tr>
<tr>
<td>Elective Daycase</td>
<td>23,416</td>
<td>22,832</td>
<td>(584)</td>
</tr>
<tr>
<td>Non Elective</td>
<td>23,698</td>
<td>23,493</td>
<td>(205)</td>
</tr>
<tr>
<td>Emergency Department</td>
<td>94,770</td>
<td>92,936</td>
<td>(1,834)</td>
</tr>
<tr>
<td>Outpatient New Appointments</td>
<td>69,405</td>
<td>72,793</td>
<td>3,388</td>
</tr>
<tr>
<td>Outpatient Followup Appointments</td>
<td>158,051</td>
<td>191,266</td>
<td>33,215</td>
</tr>
<tr>
<td>Adult Critical Care</td>
<td>3,376</td>
<td>3,375</td>
<td>(1)</td>
</tr>
<tr>
<td>Neonatal/Paediatric Critical Care</td>
<td>4,079</td>
<td>4,145</td>
<td>66</td>
</tr>
<tr>
<td>Assessment</td>
<td>15,879</td>
<td>15,450</td>
<td>(429)</td>
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<tr>
<td><strong>Total Activity</strong></td>
<td><strong>397,686</strong></td>
<td><strong>430,997</strong></td>
<td><strong>33,311</strong></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Activity</th>
<th>19-20 Annual Plan</th>
<th>Plan £000s</th>
<th>Actual £000s</th>
<th>Variance £000s</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elective Inpatient</td>
<td>15,033</td>
<td>1,191</td>
<td>1,371</td>
<td>180</td>
</tr>
<tr>
<td>Elective Daycase</td>
<td>19,291</td>
<td>1,524</td>
<td>1,381</td>
<td>(144)</td>
</tr>
<tr>
<td>Non Elective</td>
<td>62,739</td>
<td>4,964</td>
<td>4,442</td>
<td>(521)</td>
</tr>
<tr>
<td>Emergency Department</td>
<td>13,011</td>
<td>1,030</td>
<td>1,023</td>
<td>(6)</td>
</tr>
<tr>
<td>Outpatients</td>
<td>32,792</td>
<td>2,587</td>
<td>2,890</td>
<td>304</td>
</tr>
<tr>
<td>Critical Care Services</td>
<td>7,426</td>
<td>619</td>
<td>547</td>
<td>(72)</td>
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<tr>
<td>Community Services Income</td>
<td>44,150</td>
<td>3,688</td>
<td>3,707</td>
<td>18</td>
</tr>
<tr>
<td>Excluded Drugs</td>
<td>10,859</td>
<td>890</td>
<td>812</td>
<td>(78)</td>
</tr>
<tr>
<td>Other Clinical Income</td>
<td>30,800</td>
<td>2,443</td>
<td>2,607</td>
<td>164</td>
</tr>
<tr>
<td><strong>Total NHS Clinical Income</strong></td>
<td><strong>236,101</strong></td>
<td><strong>18,935</strong></td>
<td><strong>18,780</strong></td>
<td><strong>(155)</strong></td>
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<tr>
<td>Other Operating Income</td>
<td>22,969</td>
<td>1,451</td>
<td>1,460</td>
<td>9</td>
</tr>
<tr>
<td>PSF/PSF</td>
<td>16,206</td>
<td>1,843</td>
<td>1,843</td>
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<tr>
<td><strong>Total Income</strong></td>
<td><strong>251,879</strong></td>
<td><strong>22,229</strong></td>
<td><strong>22,083</strong></td>
<td><strong>(146)</strong></td>
</tr>
</tbody>
</table>
Activity & Income Run Rate Charts
## Capital Expenditure – Month 11 (February)

### CAPITAL EXPENDITURE SUMMARY AS AT MONTH 11 (February 2020)

<table>
<thead>
<tr>
<th>Plan</th>
<th>Actual (Above Below Plan)</th>
<th>Description</th>
<th>Annual Plan</th>
<th>Plan</th>
<th>Actual (Above Below Plan)</th>
</tr>
</thead>
<tbody>
<tr>
<td>£000s</td>
<td>£000s</td>
<td></td>
<td>£000s</td>
<td>£000s</td>
<td>£000s</td>
</tr>
<tr>
<td>0</td>
<td>347</td>
<td>Relocation of Greenoaks Services</td>
<td>500</td>
<td>500</td>
<td>497</td>
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<tr>
<td>0</td>
<td>0</td>
<td>Community Hospital</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>0</td>
<td>7</td>
<td>Endoscopy Decontamination</td>
<td>1,377</td>
<td>1,377</td>
<td>1,377</td>
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<td>0</td>
<td>6</td>
<td>Surgical and Medical Assessment Units</td>
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<td>253</td>
<td>Total Estates Strategy</td>
<td>1,877</td>
<td>1,877</td>
<td>1,889</td>
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<td>3</td>
<td>30</td>
<td>Window Replacement Programme</td>
<td>17</td>
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<td>(10)</td>
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<td>0</td>
<td>1</td>
<td>Repl. Building Management System</td>
<td>0</td>
<td>0</td>
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</tr>
<tr>
<td>32</td>
<td>40</td>
<td>Air Conditioning Initiatives</td>
<td>250</td>
<td>207</td>
<td>145</td>
</tr>
<tr>
<td>0</td>
<td>0</td>
<td>Disability Discrimination Act</td>
<td>5</td>
<td>14</td>
<td>11</td>
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<tr>
<td>0</td>
<td>0</td>
<td>Replace Electrical Distribution Boards</td>
<td>4</td>
<td>4</td>
<td>14</td>
</tr>
<tr>
<td>0</td>
<td>0</td>
<td>Internal &amp; External Signage</td>
<td>5</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>29</td>
<td>170</td>
<td>Maintaining Environmental Standards</td>
<td>225</td>
<td>186</td>
<td>856</td>
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<tr>
<td>10</td>
<td>0</td>
<td>Site Wide Infrastructure</td>
<td>75</td>
<td>62</td>
<td>74</td>
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<tr>
<td>0</td>
<td>0</td>
<td>Modernisation Of Lifts</td>
<td>0</td>
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<td>3</td>
<td>1</td>
<td>Fire Safety</td>
<td>25</td>
<td>21</td>
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<td>17</td>
<td>Legionella Controls</td>
<td>20</td>
<td>21</td>
<td>87</td>
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<td>10</td>
<td>0</td>
<td>Electrical Infrastructure</td>
<td>75</td>
<td>62</td>
<td>32</td>
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<td>0</td>
<td>Roof Repairs</td>
<td>0</td>
<td>0</td>
<td>52</td>
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<tr>
<td>0</td>
<td>0</td>
<td>Theatre Maintenance &amp; Repairs</td>
<td>250</td>
<td>207</td>
<td>25</td>
</tr>
<tr>
<td>20</td>
<td>32</td>
<td>Substation Upgrade</td>
<td>200</td>
<td>165</td>
<td>83</td>
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<td>0</td>
<td>0</td>
<td>CSSD Washer Disinfectors</td>
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<td>0</td>
<td>0</td>
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<tr>
<td>149</td>
<td>93</td>
<td>Total Estates Maintenance</td>
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<td>959</td>
<td>1,182</td>
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<td>17</td>
<td>CPR</td>
<td>0</td>
<td>0</td>
<td>33</td>
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<tr>
<td>3</td>
<td>4</td>
<td>Switchboard Upgrade</td>
<td>20</td>
<td>17</td>
<td>4</td>
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<tr>
<td>11</td>
<td>30</td>
<td>End User Device Refresh</td>
<td>89</td>
<td>73</td>
<td>82</td>
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<tr>
<td>1</td>
<td>0</td>
<td>SU/PLICS System</td>
<td>57</td>
<td>37</td>
<td>25</td>
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<tr>
<td>0</td>
<td>0</td>
<td>Meditech SAN/Server Replacement</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>23</td>
<td>23</td>
<td>E-Prescribing System</td>
<td>51</td>
<td>50</td>
<td>51</td>
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<tr>
<td>0</td>
<td>0</td>
<td>Upgrade of E-Mail System</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>0</td>
<td>0</td>
<td>Server Infrastructure Replacement</td>
<td>50</td>
<td>41</td>
<td>0</td>
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<td>0</td>
<td>0</td>
<td>IT Emergency Centre</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<tr>
<td>0</td>
<td>11</td>
<td>Nursing Observation</td>
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<tr>
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<td>3</td>
<td>Core Network Infrastructure Replacement</td>
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<td>62</td>
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<td>0</td>
<td>17</td>
<td>New SQL Licences</td>
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<td>50</td>
<td>19</td>
</tr>
<tr>
<td>0</td>
<td>0</td>
<td>Clinical Noting</td>
<td>0</td>
<td>0</td>
<td>22</td>
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<td>0</td>
<td>5</td>
<td>Digital Aspirant</td>
<td>0</td>
<td>0</td>
<td>92</td>
</tr>
<tr>
<td>0</td>
<td>7</td>
<td>Cyber Security</td>
<td>0</td>
<td>0</td>
<td>34</td>
</tr>
<tr>
<td>103</td>
<td>104</td>
<td>Total Information Technology</td>
<td>842</td>
<td>728</td>
<td>934</td>
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<tr>
<td>64</td>
<td>71</td>
<td>Medical Equipment</td>
<td>500</td>
<td>414</td>
<td>283</td>
</tr>
<tr>
<td>0</td>
<td>0</td>
<td>Other Equipment</td>
<td>0</td>
<td>0</td>
<td>41</td>
</tr>
<tr>
<td>64</td>
<td>71</td>
<td>Total Medical &amp; Other Equipment</td>
<td>500</td>
<td>414</td>
<td>224</td>
</tr>
<tr>
<td>50</td>
<td>0</td>
<td>Contingency Buildings</td>
<td>500</td>
<td>450</td>
<td>0</td>
</tr>
<tr>
<td>6</td>
<td>0</td>
<td>Contingency Equipment</td>
<td>6</td>
<td>6</td>
<td>0</td>
</tr>
<tr>
<td>180</td>
<td>0</td>
<td>Contingency IT</td>
<td>585</td>
<td>402</td>
<td>0</td>
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<tr>
<td>236</td>
<td>0</td>
<td>Total Other</td>
<td>1,105</td>
<td>841</td>
<td>845</td>
</tr>
<tr>
<td>515</td>
<td>376</td>
<td>Total Capital Expenditure Programme</td>
<td>5,477</td>
<td>4,821</td>
<td>4,490</td>
</tr>
</tbody>
</table>
## Cost Improvement Programme – Month 11 (February)

### CIP Performance to Plan In-Month, Year-to-Date & Forecast Out-Turn

**Feb-20**

<table>
<thead>
<tr>
<th>Fiscal Mth</th>
<th>Division</th>
<th>Plan (£,000)</th>
<th>In-Month Actual (£,000)</th>
<th>In-Month Variance (£,000)</th>
<th>YTD Plan (£,000)</th>
<th>YTD Actual (£,000)</th>
<th>YTD Variance to Plan (£,000)</th>
<th>YTD Performance to Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Medicine</td>
<td>242</td>
<td>238</td>
<td>-4</td>
<td>1728</td>
<td>2259</td>
<td>531</td>
<td>130.7 %</td>
</tr>
<tr>
<td></td>
<td>Urgent &amp; Emergency Care</td>
<td>29</td>
<td>8</td>
<td>-21</td>
<td>468</td>
<td>86</td>
<td>-382</td>
<td>18.5 %</td>
</tr>
<tr>
<td></td>
<td>Surgery</td>
<td>240</td>
<td>163</td>
<td>-77</td>
<td>2076</td>
<td>1474</td>
<td>-602</td>
<td>71.0 %</td>
</tr>
<tr>
<td></td>
<td>Family Health</td>
<td>88</td>
<td>69</td>
<td>-19</td>
<td>888</td>
<td>968</td>
<td>79</td>
<td>108.9 %</td>
</tr>
<tr>
<td></td>
<td>Clinical Support Services</td>
<td>142</td>
<td>82</td>
<td>-60</td>
<td>1234</td>
<td>1030</td>
<td>-204</td>
<td>83.5 %</td>
</tr>
<tr>
<td></td>
<td>Corporate</td>
<td>135</td>
<td>163</td>
<td>27</td>
<td>1359</td>
<td>1158</td>
<td>-201</td>
<td>85.2 %</td>
</tr>
<tr>
<td></td>
<td>Central</td>
<td>49</td>
<td>70</td>
<td>21</td>
<td>542</td>
<td>771</td>
<td>229</td>
<td>142.3 %</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td><strong>926</strong></td>
<td><strong>794</strong></td>
<td><strong>-133</strong></td>
<td><strong>8296</strong></td>
<td><strong>7746</strong></td>
<td><strong>-549</strong></td>
<td><strong>93.4 %</strong></td>
</tr>
</tbody>
</table>

### Trust Performance for Feb-20

- **In-Month Performance**: 92.1 %
- **Year-to-Date Performance**: 94.1 %
- **Forecast Out-Turn Performance**: 97.3 %
As a consequence of the year to date position, the Trust will not deliver against the Break even financial plan.

Prior to any mitigating actions and further risks the Trust would forecast a £4.8m deficit. This is predominately driven by workforce costs (agency, bank and additional sessions).

Post mitigating actions, and following detailed discussions internally, at Finance & Performance Committee and with the Integrated Care System, the Trust is forecasting a £3.9m deficit.

Delivery of this position, and delivery by other partners of their forecasts, would enable the system to deliver in totality, thereby securing all Provider Sustainability Funding (PSF) and Financial Recovery Funding (FRF) for all organisations in the system.

The System would also secure bonus PSF and FRF equal to the value of the organisations in deficit within the System. This would be cash backed.
<table>
<thead>
<tr>
<th>Agenda item</th>
<th>107/20</th>
</tr>
</thead>
<tbody>
<tr>
<td>Report</td>
<td>Annual Oversight and Delivery of the Operational Plan</td>
</tr>
<tr>
<td>Executive Lead</td>
<td>Dr Richard Jenkins, Chief Executive</td>
</tr>
<tr>
<td>Link with the BAF</td>
<td>All risks</td>
</tr>
<tr>
<td>Purpose</td>
<td>Decision [ ]  To note [✓]  Approval [ ]  For information [ ]</td>
</tr>
</tbody>
</table>

**Executive Summary**

<table>
<thead>
<tr>
<th>(including reason for the report, background, key issues and risks)</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Board of Directors is expected to approve the Operational Plan for 2020/21 at the Board of Directors meeting in April 2020.</td>
</tr>
<tr>
<td>A 5-year plan was developed by the Executive Team in consultation with key stakeholders and was supported by the Board.</td>
</tr>
<tr>
<td>This paper provides an overview of the mechanisms in place to ensure effective oversight of the delivery of the Operational Plan. It should however be noted that COVID-19 has necessitated a late re-draft of the annual plan, which now has a focus that is aligned to the current challenges faced by the Trust and the wider NHS.</td>
</tr>
</tbody>
</table>

**Recommendations**

<p>| |</p>
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>The Board of Directors is asked to note the paper, and through the Board and its assurance committees, seek an appropriate level of assurance in relation to the delivery of the (revised COVID-19) 2020/21 Operational Plan.</td>
</tr>
</tbody>
</table>

**Appendices**

<p>| |</p>
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
</table>
1.0 Introduction

1.1 The Board of Directors is expected to approve the Operational Plan for 2020/21 at the Board of Directors meeting in April. This Plan is significantly different from the version drafted during the year, as a result of COVID-19. This paper provides an overview of the mechanisms in place to ensure effective oversight of the delivery of the Operational Plan 2020/21.

1.2 During 2019/20, the Performance Management Framework was revised. In 2020/21, performance management will continue, although there will be a significant focus on the management of COVID-19.

2.0 The Role of the Board of Directors

2.1 Having reviewed the strategy and produced the Operational Plan 2020/21, it is important that there is an effective functioning unitary Board in place to ensure the effective oversight and delivery of the Operational Plan. It is intended to embark on an externally facilitated Board development programme in the second half of 2020/21, once the COVID-19 emergency has passed.

2.2 All Board directors must be clear about the objectives and deliverables set out in the Operational Plan, both individually and collectively as the Board of Directors has a set of duties that it needs to carry out including:

- Holding the executive to account for the performance of the Trust through seeking assurance that systems of control are robust and reliable;
- Setting, and leading, a positive culture in the organisation; and
- Being accountable to stakeholders, particularly the Trust's Governors, for outcomes delivered.

2.3 The Board assurance committees play a key role in obtaining evidence to help the Board gain assurance that the Trust's strategic objectives are being delivered as outlined in the Operational Plan. Each Committee has a Non-Executive Director Chair and Lead Executive Director who will work together, on behalf of the Board of Directors, with guidance from the Company Secretary, to agree the detailed work programme for the committee, obtain evidence to support assurance on the key aspects of Operational Plan delivery, in accordance with the Terms of Reference approved by the Board, with attention to ensuring effective management of risk through the Board Assurance Framework (BAF) and wider risk management framework.

2.4 A key point highlighted within the well led review was that we had more assurance meetings than most similar sized trusts, which was creating an adverse impact on the Executive team, responsible for supporting the requirements. This was addressed early in February 2019. More recently, further revisions have been agreed that support the governance arrangements in the Trust, including the introduction of a People Committee and the cessation of the Strategy and Business Planning Committee. The Board will capture the majority of the Strategy and Business Planning Committee’s work plan.

2.5 The Audit Committee will continue to focus on seeking assurance that financial reporting is accurate, that internal controls are robust, and maintaining strong
relationships with Internal and External Auditors and Counter Fraud. The audit plan for 2020/21 has been produced and has been approved by the Board of Directors.

3.0 Role of the Non-Executive Directors

3.1 A key part of the assurance framework is the role undertaken by the Non-Executive Directors, who are responsible for scrutinising the performance of management, seeking evidence in relation to the achievement of the objectives of the organisation, satisfying themselves as to the integrity of performance information and that internal controls and systems of risk management are robust.

3.2 One of the most critical and important dimensions of the role of Non-Executive Directors on board assurance committees, is to ensure objectivity and perspective, without being drawn into unnecessary operational detail or directing the work of the Executives. Impartiality is a vital aspect of effective assurance, generating valued insights, and providing challenge and support for Executive colleagues, to improve Trust performance for the benefit of patients.

4.0 The Role of the Chief Executive

4.1 Reporting to the Chairman and to the Board directly, the Chief Executive is responsible for leading the Executive Team and the organisation to deliver the Operational Plan. All members of the management structure report either directly or indirectly to the Chief Executive.

4.2 The Chief Executive is also the Accounting Officer of the organisation.

5.0 The Role of the Executive Directors

5.1 The Executive Team is accountable for ensuring the delivery of the Operational Plan. Furthermore, the Executive Team is collectively responsible for all aspects of plan delivery and individual Executive Directors are responsible for ensuring that the elements of the plan which they are leading, are achieved to the required outcome and timescale.

5.2 Each Executive Director is responsible for identifying and escalating risks to the Executive Team (and the CEO) that might impact the delivery of planned objectives and for ensuring mitigating action is taken as required.

5.3 All individual Executive Directors are responsible for championing and supporting the delivery of the Trust’s Operational Objectives and a culture of continuous quality improvement throughout the Trust. Each Executive Director is responsible and collectively accountable for the delivery of the Operational Plan.

5.4 The Executive Team has further strengthened the Trust’s internal controls by making improvements to the Performance Management Framework, which was embedded through 2019/20.

5.5 Monthly performance meetings are an integral part of the Performance Management Framework and will be chaired by the Deputy CEO, focused on effective review of the divisional and corporate actions that underpin the overall delivery of the Operational
Plan. It is noted that the impact of COVID-19 will necessitate changes to the routine performance management agenda.

5.6 The Executive Directors have responsibility for holding the divisions to account. Whilst the Chief Operating Officer is personally responsible for the management of the divisions to ensure effective day to day delivery of the Operational Plan, all Executive Directors must demonstrate effective leadership and holding to account through their functional and executive roles.

5.7 The Trust Management Committee has been decommissioned. The Executive Team Meetings will now operate with more formal arrangements and will play a vital role in ensuring that senior divisional leaders are engaged and clear about the direction, priorities and targets set out in the Operational Plan and are fully committed to delivery. The Trust Management Committee (Transformation) has also been decommissioned. Again, the Executive Team will now pick up the responsibilities of the Committee. These changes were implemented to support a single, leaner and more responsive collective forum for decision making.

6.0 Performance Reporting

6.1 The revised version of the Integrated Performance Report (IPR), was embedded through 2019/20. During 2020/21, the Board will see a further revised version of the IPR that reflects the key deliverables associated with managing the challenges associated with COVID-19.

6.2 Divisional performance dashboards will remain, although COVID-19 data will be a key feature of the information sent to divisions.

6.3 There will be enhanced performance reporting to support the Executive Team, to give stronger focus on short and medium term forecast performance and the management of associated risks to performance. Again, COVID-19 data will be a key feature.

7.0 Quality Performance Assurance

7.1 It is clear that we need to continue our focus on Quality Improvement. However, the Care Quality Commission (CQC) has now suspended inspections in light of COVID-19. During this period, we will not lose sight of our quality priorities (to be agreed as part of the Operational Plan) and the work we need to undertake, to take the Trust forward.

7.2 The Quality Committee has the responsibility to monitor progress against the Quality Improvement Plan (Safe and Sound) during the year and will provide the Board with assurance that outstanding CQC actions have been delivered and embedded and that the Quality Improvement Plan is delivering the outcomes required. However, the Committee will need to refocus during this challenging period for the NHS.

8.0 Financial Performance Assurance

8.1 The Financial Assurance process for the Trust will need to be reviewed early in the year following an unplanned significant variance to plan late in 2019/20. Clearly there will be lessons to be learnt from the adverse movements. A key area of focus will be
how the Trust can produce more robust forecasts earlier in the financial year. In addition, an independent assessment of the 2019/20 exit run rate has been undertaken, which will also provide information to help inform the planning assumptions for 2020/21.

8.2 The Finance and Performance Committee has monitored progress against the plan during the year. The Committee will need to consider future information requirements following the review of 2019/20 position, with a particular emphasis on the robustness of financial forecasting.

8.3 The COVID-19 central response has suspended the usual financial arrangements for April to July with no clarity as yet on what the subsequent arrangements will be. This period provides an opportunity to reflect on the unplanned 2019-20 outturn to embed any necessary changes to financial management and controls.

9.0 Five Year Plan

9.1 A 5-year plan was developed by the Executive Team and discussed by the Board. The 5-year plan was supported by the Board of Directors at its February meeting. However, the launch of the 5-year plan has now been paused in line with national guidance released in relation to COVID-19. Whilst the plan is comprehensive and was developed with an appropriate level of stakeholder engagement, it is acknowledged that the content will be reviewed following the COVID-19 challenges. The expectation is that the NHS will fundamentally change how it operates and this will undoubtedly result in amendments to our plan.

10.0 Conclusion

10.1 The Board of Directors has fully considered the Operational Plan for 2020/21 and this is provided to the Board of Directors this month for approval. However, it should be noted that the Trust has reacted appropriately to the challenges associated with COVID-19. Accordingly, the Operational Plan is significantly amended form the anticipated version.

10.2 This paper sets out the framework put in place by the Executive Team to ensure effective oversight and delivery of the Operational Plan, demonstrating clear accountabilities and corporate responsibility for the delivery of the plan.

10.3 The Quality Committee will monitor progress on the delivery of the Quality Improvement Plan (Safe and Sound), although COVID-19 challenges will have an impact on how the Committee will prioritise its work.

10.4 The Finance and Performance Committee has monitored the financial plan throughout 2020/21. However, the Committee will need to consider future information requirements following the review of 2019/20 position, with a particular emphasis on the robustness of financial forecasting.

Dr Richard Jenkins
Chief Executive
April 2020
### Agenda item 108/20

**Report**  
Governance Report

**Executive Lead**  
Anna Milanec, Director of Corporate Affairs (non-voting) / Company Secretary

**Link with the BAF**  
B7

**Purpose**  
- [ ] Decision  
- [x] To note  
- [ ] Approval  
- [ ] For information

### Executive Summary

This month's succinct report focuses on the measures that have arisen further to the spread of the Coronavirus pandemic.

A plethora of information, guidance, regulation and a sprinkling of (+300 pages) of legislation, has been introduced in order to bring consistency to methods of working and to allow resources to be moved to the front line.

Implementation of The Coronavirus Act 2020 last month, introduced new powers to support the NHS, police, employees, businesses and members of the public, during the pandemic.

Some of the non-clinical changes affecting the Trust include the deferment of filing deadlines for the annual report and accounts, the cancellation of the anticipated CQC inspection including the well-led and use of resources reviews, deferred publication of the NHS Long Term Plan Implementation Framework, deferment of the final deadline for the submission of the DSP toolkit submission to 30 September 2020 and the moving to block contracts for an initial period of 1 April 2020 to 31 July 2020.

### Recommendations

The Board is asked **to note** the content of this report

### Appendices

- **Appendix 1:** Sources of Core Guidance
- **Appendix 2:** Governance Best Practice (NHS Providers)
- **Appendix 3:** Coronavirus Bill, NHS Providers briefing
- **Appendix 4:** Letter detailing changes to the annual report process
1.0 Introduction

1.1 This report provides an update since the last board meeting on 3 March 2020.

1.2 Much to report this month focusses on the coronavirus pandemic and response, and a list of some of the resources which have been issued this month can be found in appendix 1 to this report.

1.3 Colleagues will also note that the Annual Governance Framework Report has also been adapted to recognise new ways of working during the pandemic.

1.4 Appendix 2 provides examples of governance ‘best practice’ matters, as circulated by NHS Providers. It is pleasing to note that we have already implemented the majority of the items highlighted.

2.0 The Coronavirus Act 2020

2.1 This anticipated legislation received Royal Assent on 25 March 2020 and will expire after 2 years. It aims to achieve the following:
   - Increase the number of health and social care workers available
   - Ease the burden on frontline staff, both within the NHS and beyond
   - Delay and slow the virus
   - Manage the deceased with respect and dignity
   - Supporting people

2.2 For ease of reference, appendix 3 to this report provides an overview of the Bill – which was originally introduced on 19th March 2020 and then passed through Parliament without amendment. This has been produced by NHS Providers and provides an excellent summary of the +300 pages of legislation.

3.0 Updates to NHS accounts timetable

3.1 Whilst a plethora of new work streams have been established in order to supply the regulators with the required Covid-19 data, some submissions have been deferred or postponed.

3.2 This includes changes being made to the NHS accounts timetable, and deferment of implementation of IFRS 16. Quality Reports will not be included in the annual report this year. Appendix 4 to this report provides a letter dated 23 March 2020 from NHSI/E documenting the changes.

3.3 Post script: at the time of writing this report, it has come to my attention that a meeting of the Financial Reporting Advisory Board has been scheduled to take place on 8 April.

It is intended that further revisions to the form and content of the annual report will be decided at this meeting, and further guidance will be issued, probably week commencing 13 April. Initial discussions with HM Treasury indicate that there is limited appetite to approve significant changes to the ‘accountability report’ section of the annual report. However, it is likely that the scope of the performance report will be reduced, although this has not yet been confirmed.
It is therefore unlikely that the final draft document would be available for the 24 April Audit Committee meeting, and this will need to be considered.

4.0 Data Security and Protection Toolkit (DSPT) 2019/20

4.1 Whilst the submission deadline for the DSPT was deferred to 30 September 2020, the Trust submitted on the original deadline of 31 March 2020. The NHS Digital website now shows that the Trust is one of only 32 acute Trusts that have achieved the original deadline and met the standards; 5 of the SYB ICS Trusts in total have met the standards.

Anna Milanec
Director of Corporate Affairs / Company Secretary
1 April 2020
Appendix 1:

Sources of core guidance from regulators and system leadership (up to 27 March 2020)

System leadership and clinical


Healthcare regulatory

5. CQC position statement on regulating during coronavirus outbreak: https://www.cqc.org.uk/news/stories/how-were-responding-outbreak-coronavirus

Information governance

2. NHSX guidance on information governance: [https://www.nhsx.nhs.uk/key-information-and-tools/information-governance-guidance](https://www.nhsx.nhs.uk/key-information-and-tools/information-governance-guidance)

**Commercial**


**Legislation and Directions**

2. Coronavirus Act - explanatory notes and impact assessments from bill stage - [https://services.parliament.uk/bills/2019-21/coronavirus.html](https://services.parliament.uk/bills/2019-21/coronavirus.html)

**Employment**

2. ACAS guidance for employers and employees - [http://www.acas.org.uk/coronavirus](http://www.acas.org.uk/coronavirus)
Appendix 2:

Examples of best practice

Maintaining public governance

- Given the requirement for social distancing, trusts have had to stand down their public meetings, however many are recording public meetings using programmes like Microsoft Teams or Zoom and streaming them or putting the recording online.
- Some trusts are also offering a public opportunity to submit questions for board meetings and publishing the answers online in lieu of in-person public board meetings.

Remote working and staying in touch

- Keeping in touch with Non-Executive directors (NEDs) and chairs who are at home via more regular, short weekly calls for specific committees like patient safety.
- ‘Buddy-ing’ executive directors with NEDs to provide additional support.
- Creating WhatAapp groups for groups of NEDs and governors to enable ongoing communication.
- Maintaining visibility among staff through regular email briefings to staff, NEDs and governors, video updates and conference calls.
- Using WhatsApp and conference calling concurrently to enable questions to be asked easily.

Streamlining boards

- Many boards are scaling back governance processes to focus on the critical issues related to COVID-19 and enable execs to respond to level 4 command.
- Developing a governance framework for COVID-19 related patient safety, workforce safety and wellbeing, and to support unusual decisions such as service closure or locking mental health wards. See our paragraphs on the approach trusts are developing to ethical considerations for further information.
- Taking a ‘3 wise people’ approach to every ethical decision of this type.
- Reducing the number of committee papers to those which offer mandatory assurance or a decision, and ensuring they are brief.
- KPI dashboard and measuring impact on capacity to reduce burden on directors.
- Monitoring ‘burnout’ within the executive level, offering moral support, mentoring and buddying where possible.
- Ensuring chairs and NEDs who are offsite can use video links and streaming to demonstrate visible leadership to staff as far as possible.

NHS Providers, 30 March 2020
Coronavirus bill

The government published the coronavirus action plan on 3 March, which set out a range of measures to respond to the COVID-19 outbreak and details on the government’s strategy to delay, contain, mitigate and research to tackle the pandemic. The plan highlighted that some changes to legislation would be necessary to give public bodies across the UK the tools and powers they needed to carry out an effective response.

Overview of the bill

The Coronavirus bill was introduced on Thursday 19th March to give public bodies the powers they need to respond to the pandemic. Safeguards have been put in place to ensure that the powers outlined in the bill are only used as necessary, for example during the peak of the COVID-19 outbreak. The aim is to balance the need for speed to the risk posed by the virus, with safeguards to ensure proper oversight and accountability.

The legislation is intended to take effect from the end of this month. However, the provisions relating to Statutory Sick Pay are intended to have retrospective effect to 13 March.

The legislation will be time-limited – for 2 years – and not all of these measures will come into force immediately. The bill allows the UK government and devolved administrations to switch on these new powers when they are needed, to switch them off again once they are no longer necessary, based on the advice of Chief Medical Officers of the four nations.

All stages of the bill will be debated by the House of Commons on Monday 23 March, with the Opposition signalling that they will support the bill. Once the bill has passed the Commons stages, it will be debated by the House of Lords on Wednesday 25 and Thursday 26 March.

Key provisions in the bill

The bill aims to achieve the following:

- Increase the number of health and social care workers available
- Ease the burden on frontline staff, both within the NHS and beyond
- Delay and slow the virus
- Manage the deceased with respect and dignity
Increasing the health and social care workforce

Emergency professional registration

The bill will grant two healthcare regulators – the Nursing and Midwifery Council (NMC), and the Health and Care Professions Council (HCPC) – the ability to “carry out emergency regulation” of any professional under the purview by these bodies. The General Medical Council (GMC) already has similar powers so there was no need to include a provision for emergency regulation of doctors in this bill. Regulators will be able to use these powers as they see fit as the bill provides a wide scope for the NMC and HCPC to apply emergency registration to people who “may reasonably be considered fit, proper and suitably experienced persons to be registered as members of the profession in question.”

In practice, however, these provisions are included to enable the NMC and HCPC to do two things:
1. Automatically re-register professionals who have recently retired or had their registration lapsed
2. Allow early registration of final year healthcare students

Impact of the provisions

These provisions are designed to increase the capacity of the health service to tackle the COVID-19 outbreak. The government has estimated that 10,600 non-medical professionals could return to the NHS, based on the assumption that 20% of NMC and HCPC registered professionals who have recently retired (in the past three years), will take up the offer to do so. There are no estimates provided for returning doctors, but the GMC would be drawing from a pool of 15,000 recently retired medics.

There are 28,100 final year students working to become nurses, midwives, paramedics and social workers, with a hope all would be interested in early registration.

The government admits that “the full costs and benefits for this option are difficult to quantify as there is currently no good estimate of how many professionals who are registered using these powers will carry through to deliver services and for how long.” However the introduction of this legislation, and practical plans to utilise these powers by regulators, are undoubtedly welcome in an environment where NHS staff capacity is greatly stretched.

Emergency Volunteering Leave

The legislation creates a clause that will allow workers and employees across the economy to take a new form of statutory unpaid leave to volunteer in the NHS. People taking “Emergency Volunteering Leave” will have their current terms and conditions of employment protected and the bill creates an obligation for the Secretary of State to compensate eligible volunteers for “some loss of income and expenses incurred”. There are no estimates provided on the potential impact of this policy, and the clause as written does not specifically seek to engage workers who have recently lost work as a result of the COVID-19 outbreak in NHS activity.
Pensions

The bill suspends a range of regulations in each of the NHS pension schemes (1995, 2008, 2015), with the primary aim of removing barriers “which would prevent otherwise able retired members from returning to work while continuing to receive their pension”.

More specifically, suspension of the “16-hour rule” enables staff to return immediately after retirement and work for more than 16 hours without losing pension benefits, return if they are “special class” nurse retiree between the age of 55-60 without having their pension suspended; and allow scheme members eligible for “draw down” of pension benefits to continue this practice without the need to reduce pensionable pay by 10%.

All of these provisions appear sensible changes given the need to keep NHS staff around retirement age in the service, and to encourage the return of those who have recently left.

Indemnity for health service activity

To mitigate the likely adverse impact of the COVID-19 outbreak on NHS staffing, some staff may be asked to undertake NHS activities, which are not part of their normal role, as well as medical students being asked to assist with delivery of NHS services. For example, dentists and GP practice nurses may assist in hospital settings administering injections and medication. An indemnity clause in the bill aims to ensure that:

- The Secretary of State for Health and Social Care can provide indemnity for clinical negligence liabilities of healthcare professionals arising from activities carried out in response to the COVID-19 outbreak.
- In exceptional circumstances that might arise, indemnity arrangements are sufficient to cover all NHS activities required to respond, including care for those who have been diagnosed with, are suspected of having, or are at risk of having COVID-19.
- It will also cover healthcare professionals and others providing ‘business-as-usual’ activities, including where this is outside of the scope of their usual practice.

Easing the burden on frontline staff, both within the NHS and beyond

The bill contains provisions which aim to reduce the administrative burden on frontline staff, in order to do this it contains provisions to make changes to mental health and mental capacity legislation and relaxes requirements on both health services and local authorities to carry out assessments.

Temporary modification of mental health and mental capacity legislation

The bill contains provisions to enable the existing mental health legislation powers to detain and treat patients who need urgent treatment for a mental health disorder and are a risk to themselves or others, to be implemented using just one doctor’s opinion (rather than the current two). This will ensure that those
who were a risk to themselves or others would still get the treatment they need, when fewer doctors are available to undertake this function. It will also temporarily allow extension or removal of time limits in mental health legislation to allow for greater flexibility where services are less able to respond. These temporary changes would be brought in only in the instance that staff numbers were severely adversely affected during the pandemic period and provide some flexibility to help support the continued safe running of services under the Mental Health Act.

The temporary changes proposed to mental health legislation should help to give services the support and flexibility to ensure those at risk to themselves or others still get the treatment they need in the event of extreme staffing pressures and service disruption. It is crucial these changes and how they should impact on provision are clearly communicated to trusts and they have a clear understanding of when to use these flexibilities given there is likely to be local variation in the impact of COVID-19 across the country. There is a certain amount of uncertainty about how these changes will impact on provision and the extent to which these changes, if actioned, may impact resources of the wider system, for example the police.

There is also a question about whether these temporary changes to the management of the mental health act would be sufficient during a very severe outbreak. There are further temporary changes that could be considered to ensure patients still get the treatment from services they need. For example, consultant nurses could temporarily be allowed to carry out assessments and checks and agreements made by approved mental health professionals could be allowed retrospectively. Temporarily removing the requirement for CQC to organise second opinion appointed doctors and extending time periods for hearings and tribunals, or allowing tribunal decisions to be taken on the basis of electronic documents alone, are further measures that could also be considered.

The consideration of any further temporary changes to mental health legislation, in the interest of patients being able to access treatment if needed, must continue to be balanced against the impact they have on the immediate safeguards around these processes.

**NHS and local authority care and support**

With the aim of reducing burdens on staff working in the NHS and beyond, and in light of the increased pressure there would be on teams where staff may need time off sick or to care for loved ones, the bill temporarily relaxes requirements on both health services and local authorities to carry out assessments. The aim is to facilitate faster discharge from hospital settings into the community.

The provisions in the bill should be read alongside the newly-released COVID-19 Hospital Discharge Service Requirements, which set out the discharge to assess approach expected from all NHS trusts, community interest companies and private care providers of acute, community beds and community health services and social care staff in England from 19 March 2020. They also cover discharge for commissioners of health and social care.
For the emergency period covering the height of the COVID-19 outbreak, NHS providers will be able to delay undertaking NHS continuing healthcare assessments of patients being discharged until the outbreak has ended. The government is keen that patients who can leave hospital do so, amidst the recognition that continuing healthcare assessments can be resource-intensive and delay discharge. To mitigate the impact on patients and their finances, individuals would continue to receive NHS-funded care pending their full assessment once the emergency period was over. Also at the height of the outbreak, and for the shortest amount of time possible, local authorities will have the power to prioritise care in order to protect life without undertaking full Care Act compliant assessments. They will instead be able to prioritise their services to meet the most urgent and serious needs, even where the results do not meet everyone’s assessed needs in full, or delay some assessments.

Local authorities would still be expected to do as much as they could to fulfil requirements to meet needs, and the duty of care towards an individual’s risk of serious neglect or harm would remain. These powers would only be used if demand and workforce shortage were such that local authorities were at imminent risk of failing to fulfil their duties, and only while the emergency situation was ongoing. During this time the Secretary of State would have a power to direct local authorities to comply with government guidance on prioritising care, aiming to ensure that consistent principles were followed.

Delaying and slowing the virus

The government’s objective is to slow the spread of the virus through restrictions on social contacts, which may mean preventing gatherings of people, postponing electoral events over the course of the year, closing schools, further or high education premises or childcare providers. This will help mitigate the risk to public health arising from such mass gatherings. The measures would only be put in place for the period of time required to mitigate the effects of the COVID-19 pandemic.

Temporary closure of educational institutions and childcare premises

The government has announced the closure of all educational institutions and childcare providers, however there are exceptions to provide childcare for the children of key workers; these include:
- NHS staff
- social and care workers
- nursery and teaching staff
- food distribution staff
- police/fire/prisons(border) officers
- workers at banks/building societies

More detail on who is eligible can be found on the government website.

Powers relating to potentially infectious persons: constables and immigration officers

The police will have the power to detain people suspected of having COVID-19 and to send them for screening or assessment. Individuals with the virus could be ordered to go into isolation for 14 days. In
addition, immigration officers will be able to direct or remove a person who is, or may be, infectious to a suitable place for screening and assessment. Obstructing an immigration officer or constable exercising these powers would constitute a criminal offence, and could be subject to a fine of £1,000.

**Powers relating to events, gatherings and premises**

The government may restrict or prohibit gatherings or events and to close premises during the COVID-19 outbreak period. The government will have the discretion – but not an obligation – to provide compensation to those affected by mandatory closures or restrictions.

**Postponement of elections, referendums, recall petitions and canvass**

The government has advised that local, mayoral and Police and Crime Commissioner elections due to take place in England in May should be delayed until May 2021. Provision will also be made to postpone other electoral events over the course of the year (such as by-elections).

We have approached NHS England and Improvement for official guidance on trust governor elections and will share that once it is received. In the meantime if you have any questions on this, please get in touch.

**Managing the deceased with respect and dignity**

**Inquests**

The bill suspends the normal requirement for any inquest into a death caused by a notifiable disease (such as COVID-19) to have a jury, to avoid the significant impact on coroners’ workload, local authority coroner service resources and taking into account the level of sickness rates among the general population during such an outbreak. The provision applies only to COVID-19 deaths, during the emergency period. Coroners will maintain discretion to hold a jury inquest where appropriate.

**Registration of deaths and still-births**

Presently, deaths and still births which occur in England and Wales must be registered in person at the register office in the presence of a registrar. Clause 17 in the bill outlines that deaths and still births will be able to be registered by other means, including by telephone, rather than face-to-face interview. Civil registration officials may register deaths from home.

**Protecting and supporting people**

**Statutory sick pay**

The bill introduces a clause to reimburse employers for statutory sick pay owing to the effects of COVID-19, given the potential for a significantly higher than normal rate of absence across the economy at any given time. It also introduces a provision to waive the three “waiting days” which apply before an employee is entitled to statutory sick pay.
The later provision is introduced only for COVID-19-related absences: the waiting days will continue to apply to staff with other absences, and the period will be restored for all at the conclusion of the pandemic. This clause seeks to ensure staff do not come into work when affected by the symptoms of COVID-19 in order not to lose “waiting days” wages, as the government’s reimbursement of statutory sick pay applies.

Some specifics around these provisions remain unclear, including a potential cost impact for the NHS, as the government’s supporting materials indicate reimbursement may only apply to “small and medium enterprises”. While some staff in NHS trusts may have preferential contractual sick pay that already voids “waiting days” (therefore already covering the cost of COVID-19-related sick pay on the first three days of absence,) it is unclear if this provision will to apply to all NHS employment contracts.

NHS Providers press statement

Financial support for the NHS and social care is welcome

Responding to the publication of the Government’s decision to allocate £2.9bn funding to strengthen care for the vulnerable and the Coronavirus Bill, the chief executive of NHS Providers, Chris Hopson said:

The NHS is facing the biggest challenge in a generation. We welcome today’s announcement by the Government as it provides much needed financial support to the health and care system in these difficult times. We now have clarity on how the Chancellor’s £5bn emergency funding for coronavirus will be divided, with £2.9bn going to the NHS and social care.

It is good to see that the Government has listened to concerns that there needs to be a clear and quick path out of hospitals into social care or back home for those patients who are medically fit, to ensure that capacity is cleared where appropriate. This is helpful when combined with the announcement that elective operations will be postponed to free up beds, space and staff so that those with the virus can be prioritised. The NHS is doing everything it can to prepare to handle an increase in demand due to the virus.

Useful documents
- The full text of the bill
- Summary of impacts of the bill
- What the bill will do
- Guidance for schools, colleges and local authorities on maintaining educational provision
23 March 2020

Dear Colleague

Updates to NHS accounts timetable and year-end arrangements – with provider annex

Given the current and estimated impact of COVID-19 we have worked with the Department of Health and Social Care (DHSC) to amend arrangements for year-end accounts for 2019/20.

Summary of key points for 2019/20:

- The implementation of IFRS 16 is being deferred until 2021/22.
- Draft accounts are now due on 27 April, but provider organisations can extend this to 11 May if they wish.
- There are associated amendments to ledger close for commissioners, key data for providers, and agreement of balances process dates.
- Audited accounts are now due on 25 June.
- Quality accounts: DHSC is working to amend Regulations which specify these arrangements. We do not expect providers will be subject to the 30 June deadline.
- Auditor assurance work on quality accounts and quality reports should cease for 2019/20.
- Provider organisations will no longer be required to submit any hard copy documents to NHS Improvement for the annual report and accounts.

Basis for change

The NHS is under considerable pressure, with new and changing working arrangements affecting finance teams in organisations to varying degrees. We have talked to many provider and commissioner finance teams over the past week: you have told us you need certainty but also flexibility. Many organisations told us they want to continue with 2019/20 accounts and complete them sooner rather than later. Other organisations expect to need more time.

While the agreement of balances exercise can cause burden, most organisations rely on it for the completion and audit of their accounts. This exercise and others such as key data collections for providers to support Provider Sustainability Fund (PSF) allocations only work when the system operates together. We need to put processes in place that allow these functions for the wider NHS to continue, while lessening the impact for organisations that need more time.
Revised accounts deadlines 2019/20

We are grateful for the support of the local audit firms, DHSC and the National Audit Office in working with us to develop the changes set out below.

• For providers, the ‘key data’ submission is now due on 20 April. This will be after COVID-19 income information is given to providers and commissioners on 16 April.
• For CCGs, the ledger close for ‘AP12’ is now 20 April.
• CCGs will submit draft accounts on 27 April.
• Providers will make a submission on 27 April, which is either full draft accounts, or can just be an agreement of balances submission. We encourage providers to submit draft accounts where they can: this will assist local auditors in managing their workloads over the period. Providers do not need to tell us in advance which submission they are making.
• The extended deadline for providers’ draft accounts (if required) is 11 May. For those who submitted draft accounts on 27 April, this will be an agreement of balances submission.
• For providers and commissioners, audited accounts are due by 25 June.

A detailed year end timetable is provided in the annex to this letter.

IFRS 16 deferral

Last week HM Treasury, in conjunction with the Financial Reporting Advisory Board (FRAB), decided in light of current pressures that IFRS 16 will be deferred in the public sector for a further year, to 2021/22. The work already completed by organisations will still be of considerable value in bringing leased assets on to the statement of financial position a year later than expected.

Agreement of balances

We are examining with DHSC whether agreement of balances can be simplified by raising the threshold for agreeing transactions and balances. We are exploring the consequences of such a move, including that on smaller bodies, and the role of auditors. More information on this will be available at http://improvement.nhs.uk/financialreporting/#aoblimits1920. Organisations should continue to issue receivables statements on 27 March.

Annual report requirements

We are working with DHSC and HM Treasury on whether some annual report requirements can be streamlined for 2019/20.

Quality accounts and quality reports 2019/20

Quality accounts preparation: the deadline of 30 June is specified in Regulations. DHSC is now seeking approval from Ministers to amend the Regulations and we do not expect that providers will be subject to the 30 June deadline. We will update providers as soon as more information is available.

Quality reports preparation for NHS foundation trusts: given the expectation of change for quality accounts, there is no longer a requirement for a quality report to be included in the
annual report. NHS foundation trusts are encouraged to include the additional quality report content in their quality account.

**Assurance work on quality accounts and quality reports** should cease, and no limited assurance opinions are expected to be issued in 2019/20. Where auditors have completed interim work or early testing on indicators, auditors should consider whether value can be derived from work already completed, such as a narrative report being provided to the trust, or governors at a NHS foundation trust. For NHS foundation trusts, there is no formal requirement for a limited assurance opinion or governors' report.

**Other matters for providers**

**Hard copies:** We will no longer require any documents to be sent to NHS Improvement in hard copy in connection with the annual report and accounts. Electronic documents containing electronic signatures will be sufficient. Chief executives’ responsibilities under the accounting/accountable officer memorandum continue to apply. Please note your auditor may still need to see hard copy signed documents: please discuss this with your auditor.

**Inventory counts:** With auditors conducting their work remotely, this presents challenges for auditor verification of inventory, where there are required steps in auditing standards. Providers with material inventory balances should work with their auditors to provide alternative sources of assurance wherever possible but please ensure these steps are proportionate. A ‘limitation of scope’ in the audit report may be necessary in some circumstances though it is hoped this could be avoided for most. This would be a qualified auditor opinion, modified only to reflect the auditor has been unable, at the time of the audit, to obtain sufficient and appropriate evidence on inventory. The remainder of the opinion would be unchanged and confirm the appropriate completion of the audit.

**Next steps**

For providers, the month 12 collection form will be issued on 23 or 24 March. There may be a slight delay from the planned date of 23 March while we update systems for the changed submission requirements. As ever, any queries on the ‘TAC’ part of the form should be addressed to **Provider.Accounts@improvement.nhs.uk** and queries on any other part of the month 12 form should be addressed to **NHSI.sector.reporting@nhs.net** or **NHSI.CapitalCashQueries@nhs.net** as appropriate.

For commissioners, Queries on the CCG_CSU template and any other year end related matters should be addressed to **england.yearendaccounts@nhs.uk**.

Our teams will continue to work with yours through this challenging period.

Yours sincerely

Adrian Snarr
Director of Financial Control

Annex: Detailed year-end timetable
<table>
<thead>
<tr>
<th>Agenda item</th>
<th>109/20</th>
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<tbody>
<tr>
<td>Report</td>
<td>Annual Board Governance Framework Report</td>
</tr>
<tr>
<td>Executive Lead</td>
<td>Anna Milanec, Director of Corporate Affairs (non-voting) / Company Secretary</td>
</tr>
<tr>
<td>Link with the BAF</td>
<td>The contents of the report are associated with all BAF risks</td>
</tr>
<tr>
<td>Purpose</td>
<td>Decision [ ] To note [✓] Approval [✓] For information [ ]</td>
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**Executive Summary**
(including reason for the report, background, key issues and risks)

This paper provides an outline of the Board Governance Framework which supports the Strategic Objective, **Governance – Trusted, open governance**

The systems and processes established by the Board of Directors support the achievement of our organisation’s vision, mission, strategic and operational plans.

The extraordinary situation in which we find ourselves mean that out of the ordinary measures may need to be taken in the short term. The blue text in the framework document highlights some of those COVID-19 measures and considerations.

This paper should be read in conjunction with the Chief Executive’s report, Oversight and Delivery of the Operational Plan.

**Recommendations**

The Board is asked:
- to note the matters highlighted in the attached report and to support the issues arising; and
- to approve:
  - Approve the temporary financial delegation (section 20.6)
  - Terms of Reference for FPC, QC, People Committee and the Audit Committee (appendix 2)
  - The proposed BAF risk identifiers for 2020/21 (appendix 7)

**Appendices**

Appendix A, Board Government Framework 2020/21
1.0 Introduction

1.1 This document should be read in conjunction with the Chief Executive’s annual Oversight and Delivery of the Operational Plan report. This document provides details of the Governance Framework which will support the delivery of the Trust’s Operational Plan for 2020/21, and longer term Strategic Plans.

2.0 The Coronavirus Pandemic

2.1 At the start of the new financial year 2020/21, we find ourselves living in unprecedented times as the coronavirus situation changes on a daily basis.

2.2 The Board’s leadership role at this time is crucial, more so than ever. The governance arrangements around the Trust’s Board, its committees and Council of Governors, need to be managed in a way which is proportionate to the current and worsening challenges which we face, they must recognise national guidance on social distancing, and take due account of the Board’s legal responsibilities for the management of a public organisation.

2.3 New / temporary methods of working will be required, whilst still maintaining statutory and regulatory requirements. The length of time that these measures will need to be in place is unknown, but likely to be for the first quarter of 2020/21. The position will be reviewed on a monthly basis, but the proposed new / temporary arrangements have been included in the board governance framework document to support such working.

3.0 The Board Governance Framework

3.1 Details of the Board’s Governance Framework were first set out in a document to the Board, in March 2017 and a refreshed version of this for 2020/21, has been produced (appendix A).

3.2 In the meantime, a number of the governance documents, which were included in the original report, have been updated, and further updates are provided within this document.

3.3 Regular assurance reports, required by statute, regulation, or simply best practice guidance, are also received by the Board, including:
   - Reports from the Guardian of Safe Working
   - Reports from the Responsible Officer
   - Complaints Annual Report
   - Health and Safety Annual Report
   - Freedom to Speak up Annual Report
   - How we learn from deaths, Report
   - Employment Exclusions and Restrictions Report

3.4 Planned risk based reports are presented to the Board on a quarterly basis:
   - Board Assurance Framework Report
   - Risk Management Report
3.5 Monthly use of action trackers, declarations of conflicts of interest, board planner, escalations from board committees, and feedback at each meeting from one of the members of the board, provides transparency and consistency.

Anna Milanec
Director of Corporate Affairs / Company Secretary
1 April 2020
Appendix A

Board Governance Framework 2020/21

Supporting: Governance: Trusted Open Governance

1.0 Introduction

1.1 Whilst written in 2019, the sentiments of Chris Hopson below, remain valid today as we enter a period of significant change and new ways of working on a global scale. However, the changes this time are not planned but rather, are unprecedented in the history of the NHS. However, the need for effective board and executive leadership remains crucial, supported by appropriate performance management and governance systems.

1.2 “The NHS has entered a period of unprecedented change. What the shape and extent of the NHS provider sector will be in five years’ time is largely unknown as new care models evolve and as devolution begins in earnest. At the same time, the NHS continues to face tightening resources alongside a requirement to improve or at least maintain, quality of care for patients and service users.

The choice facing NHS provider organisations is to be part of the changes taking place, to lead, contribute or influence developments - or to be swept up by the change taking place around them.

In these circumstances, strong and effective leadership will be indispensable. While being no guarantor, the disciplines of corporate governance provide a methodology for dynamic leadership that is capable of delivering change and long term sustainability.

We know that good governance does not happen spontaneously and that it takes hard work, vigilance and frequent attention to maintain it.

What is certain is that sustainable organisations led by capable boards delivering effective high quality services will be central to autonomy and to the concept of board leadership.”

Chris Hopson, Chief Executive NHS Providers, 2019

2.0 The Rotherham NHS Foundation Trust

2.1 The Board of Directors is critical to the success of The Rotherham NHS Foundation Trust and for achieving its vision of becoming “an outstanding Trust, delivering excellent healthcare at home, in our community and in hospital”. The elements of the Trust’s five strategic themes will support delivery of this vision:

- Patients: Excellence in Healthcare
- Colleagues: Engaged Accountable Colleagues
- Governance: Trusted Open Governance
- Finance: Sound Financial Foundations
- Partners: Securing Our Future Together
2.2 This document sets out how our trusted, open governance systems and processes established by the Board, and delivered through the leadership of the Executive, will support achievement of the organisation’s vision, mission and strategic objectives 2017 – 2022, and the objectives for 2020-21.

3.0 The Golden Thread

3.1 The ‘golden thread’ is essential to hold together the purpose, values, strategy and culture of an organisation. It is precious and valuable, and getting it wrong could be expensive, not just in financial terms, but also in terms of reputation and staff morale.

3.2 The ‘golden thread’ can be easily broken, as can our journey to achieving delivery of our objectives. For example, get the organisation’s values wrong, or fail to live by them, and trust will be broken.

3.3 The five elements of the ‘golden thread’;

a. Vision: The Trust’s vision is to become “an outstanding Trust, delivering excellent healthcare at home, in our community and in hospital”.

It communicates the Trust’s aspirations to the highest level and is important because our colleagues need to know where they are going and more importantly, how they fit into that vision.

b. Mission: The mission statement covers the who, what and how of the organisation and describes the impact that the Trust has on the lives of stakeholders: To improve the health and wellbeing of the population we serve, building a healthier future together.

To get the ‘golden thread’ right, colleagues need to understand what we are trying to do for our patients and other key stakeholders – it is the real motivator for colleagues who want to be informed and recognised for their achievements.

c. Engagement: This is the best way to secure buy-in; to guide the ‘golden thread’ is to consult and action what we hear, and it needs to be genuinely two-way. Colleagues need to feel that they are part of the process of strategy development and visioning.

If it listens, the board can reflect on what is discovered and consider questions such as ‘how can we track actions at ward level right back to decisions made in the boardroom?’ and ‘how will this impact the vision?’.

d. Integrity: As leaders, we have to practice what we preach. And for the ‘golden thread’ to stay in place, there is a need to develop trust with all colleagues. It is essential that we ‘walk the walk’ as well as ‘talk the talk’. We must be seen to living by the values (ambitious, caring, together) we set and by committing to the Trust’s vision and mission.

e. Governance: The final element needs the right processes and structures in place to act as a framework for consistency and fairness. Colleagues must be able to speak out or whistle-blow when they see things go wrong, without the fear of being punished. A culture of hiding bad news and bad practice can lead to disaster, and good leadership can prevent this.
The ‘golden thread’ of governance will bring all of this together so that targets that line up with our strategic objectives, are achieved – with the right engagement framework and the right authority and performance framework.

4.0 The Board of Directors

4.1 The Board of Directors will continue to meet on a monthly basis (except for September and January). In 2019/20, it was agreed to move meetings to the first Tuesday in each month. This timing will continue until further notice.

4.2 Due to the current coronavirus pandemic, Board Meetings will be held remotely, to ensure that those who are socially isolating can participate effectively without the need to attend in person. This will be reviewed on a monthly basis with the decision being taken by the Chairman, following advice taken on the current operational situation, from the Chief Executive.

4.3 The majority of business will continue to be discussed in ‘public’. However, whilst Government direction continues to call for social distancing or lockdown, members of the public or press will not be admitted to the meetings. Instead:

- The agenda and board papers for the meeting usually held in public, will continue to be put onto the Trust website on the Friday before the meeting is held;
- Governors and members of the public will be invited to submit questions (up until lunchtime on the day before the meeting) to be addressed at the meeting. These will be co-ordinated by the Company Secretary with the executive directors;
- Following each meeting, the Company Secretary and Communications will prepare a brief update to be put onto the Trust website, and shared with Press, which briefly describes areas of significant business, and the responses to any questions asked by Governors and / or members of the public at the meeting; and
- The Lead Governor will be invited to attend (remotely) the Board meeting held in public.
- The meetings usually held in public, will begin at 1015hrs and will last until 1215hrs at the latest.

5.0 Board Committee Structure

5.1 The Board undertook an externally facilitated Well Led review which completed with governance accreditation from The Chartered Governance Institute in November 2019.

5.2 One of the outcomes of that work, was a recommendation to review our Board Committee structure. The report highlighted lengthy agendas, and some repetition between meetings. A need to revisit the purpose and remit of these meetings, and consideration of the time servicing the Committees, was recommended and undertaken.

5.3 Further to review, the Board Committees at The Rotherham NHS Foundation Trust for 2020/21, will be:
• Audit Committee
• Quality Committee (herein, ‘new QAC’)
• Finance and Performance Committee (FPC)
• People Committee (from April 2020)
• Nomination Committee
• Remuneration Committee
• TRFT Committee in Common (for SYB ICS only)
• (Charitable Funds Committee – reporting to the Corporate Trustee)

5.4 With a more robust strategic framework in place, the Strategy and Business Planning Committee has now ceased.

5.5 The new People Committee, will meet on a monthly basis and will consider matters relating to our workforce and colleagues.

5.6 It is predicted that the response to the coronavirus pandemic will utilise extensive resources, including the time of our executive team. It will be necessary to take this into account when considering meeting planners and agendas, over the next quarter. The position will be reviewed on a monthly basis.

5.7 In light of the coronavirus pandemic, committee meetings will take place remotely, with this arrangement being reviewed on a monthly basis.

5.8 No board committee will exceed a maximum of two hours in length whilst the remote arrangements continue.

5.9 If a decision is taken by the Trust Chairman to cancel / postpone a scheduled committee meeting, the committee chair and lead executive will consider and decide whether any of the business is urgent and whether it should be escalated to the next board meeting without having first been discussed at the cancelled / postponed committee meeting. In these circumstances the committee chair will advise the Trust Chairman.

5.10 The Terms of Reference for FPC, and the new QAC have been minimally updated since their 2019/20 versions were published, with reference only to additional duties relating to the coronavirus pandemic. A new Terms of Reference has been drawn up for the People Committee, and again, focusses on matters that are likely to arise over the first quarter of 2020/21.

5.11 Over the course of the first quarter, the Terms of Reference will be further reviewed with the intention of then incorporating the requirements of the new 2020/21 objectives for the remainder of the financial year.

6.0 Board Committee administration

6.1 As a reminder, Standing Order 6.1.f states that “such terms of reference¹ shall have effect as if incorporated into the Standing Orders” [of the Trust].

6.2 There will be no amendment to changes implemented for 2019/20 in that all board committee packs will be sent out as one whole pack, four working days before meetings (see appendix 1).

¹ Of board committees
6.3 Late Committee reports should not be sent ‘to follow’ unless in exceptional circumstances – deadlines are agreed in accordance with the powers conferred by the Board, under the Standing Orders.²

6.4 If Committee reports are not ready for the agreed deadlines, the following steps should be taken:
- the Lead Executive should advise the Company Secretary as soon as he/she becomes aware of the situation;
- it is then incumbent on the lead executive to advise the committee chair of the situation, who will discuss and agree options with the lead executive;
- the committee chair will then contact the Company Secretary to confirm what they have agreed with the lead executive, providing details so that this can be managed within the Company Secretary’s team and deadlines met.

6.5 Without such confirmation, the committee pack will be sent out by the board agreed deadlines stated in appendix 1, and any late reports risk being carried forward on the Committee Planner to the next scheduled Committee meeting.

6.6 Committee packs must not be sent out to committee members by executives. They will be sent out by the Company Secretary team.

6.7 Any late issue of committee packs will be advised to the Board.

7.0 **Board Committees Support Accountability**

7.1 Board committees have delegated powers as prescribed by the Trust’s standing orders and the board of directors, and provide the basis of the assurance framework through which the board operates. For those committees deemed as the board’s assurance committees, it is not their job to substitute themselves for the board, but rather, to obtain evidence to help the board gain oversight and assurance.

7.2 The Audit Committee is established under board delegation with approved terms of reference that are aligned with the Audit Committee Handbook published by the Healthcare Financial Management Association (HFMA) and the Department of Health. Its focus is to seek assurance that financial reporting and internal control principles are applied, and to maintain a relationship with the internal and external auditors.

7.3 Performance against the Trust’s key operational and quality measures is monitored by the relevant board committee. For example, the Finance and Performance Committee provides the board with an objective review of the financial position of the Trust and seeks to be assured as to the delivery of strategic objectives relating to financial performance, which includes contractual performance.

7.4 The Trust has two Nomination Committees, one led by Governors and deals with the appointment of Non-Executive directors. The other is the board of directors’ Nomination Committee, made up of Non-Executive directors, which is responsible for the identification and appointment of executive directors. The committee also considers the size and composition of the board, and the skills and experience that may be required to fill any gaps.

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² Standing Order 6.1.e
7.5 The new QAC will seek assurance that there is an effective system of quality governance, risk management and internal control in place with regard to patient safety, patient experience and clinical effectiveness. In doing so, the Trust’s ongoing compliance with applicable statutory and regulatory standards, in particular, those of the CQC and NHSI, are also monitored.

7.6 The Remuneration Committee aims to ensure that executive remuneration is set at an appropriate rate, taking into account the relevant market conditions and needs of the organisation. The committee is also responsible for deciding if a proportion of executive directors’ remuneration should be structured so as to link reward to corporate and/or individual performance.

7.7 The People Committee will seek assurance that any risks that may jeopardise achievement of the Trust’s strategic objectives relating to workforce and colleagues, are managed appropriately.

7.8 Board committee Terms of Reference for all committees are reviewed and updated annually to reflect the Board’s priorities, with a review of the membership and committee structure to ensure that they remain effective. See appendix 2.

7.9 Membership of the Committees has recently been reviewed and updated, subject to agreement by the Board. See appendix 3.

8.0 Board and Committee Minutes

8.1 As under the Companies Acts, the format of board meetings of public benefit corporations is not set in legislation even though they form part of the organisation’s formal records – that is, save for the requirement to hold meetings in public.

8.2 The format of minutes used at the Trust follows guidance issued by The Chartered Governance Institute which states that “the purpose of minutes is to provide an accurate, impartial and balanced internal record of the business transacted at a meeting.”

8.3 The format of minute writing at The Rotherham NHS Foundation Trust has been agreed by the Board and broadly follows the views of ICSA as above, with one exception relating to names of directors appearing in minutes. Whilst ICSA advise that “the board has collective responsibility for its decisions, therefore, the naming of individuals should be avoided wherever possible” the board accepts that it may be necessary from time to time, to name individuals in the board and committee minutes, although the reasoning for this can be varied and should not detract from the principal purpose of the minutes.

9.0 The Council of Governors

9.1 The Trust will put in place arrangements to ensure that the Council is able to fulfil its duties and to be effectively engaged and informed.

9.2 During the coronavirus pandemic and period of recommended social distancing, Governors will not be invited to attend meetings or undertake visits to the Trust.

3 ICSA Guidance Note: Minute Taking, September 2016, Pg7
4 ICSA Guidance Note: Minute Taking, September 2016, Pg7
9.3 Alternative arrangements have been made for the April Council of Governor meeting:

- The original agenda and Council papers for the meeting (usually held in public), will continue to be sent out to Governors and put onto the Trust website on the Friday before the meeting is held;
- Governors and members of the public will be invited to submit questions (up until lunchtime on the day before the meeting). These will be coordinated by the Company Secretary with the executive directors;
- Following the April meeting, the Company Secretary and Communications will prepare a brief update to be put onto the Trust website, and shared with Press, which briefly describes any questions asked by Governors and / or members of the public, and the responses provided.

9.4 It is anticipated that the July Council of Governors meeting will go ahead, although this will be reviewed.

9.5 Governors will continue to be kept informed of developments at the Trust via their usual, weekly news email from the Corporate Governance Manager.

9.6 The Chairman will continue to brief the Lead Governor on a weekly basis.

9.7 At the time of writing, the nomination period for the 2020 Governor Elections is about to come to close. It is anticipated that with the low response rate, the elections will be postponed for some weeks. This matter is being looked into by the Company Secretary in conjunction with the election scrutineers and the Trust Chairman.

10.0 The Role of Board of Directors

10.1 The duties of the directors of The Rotherham NHS Foundation Trust are statutorily provided. Schedule 7 of the National Health Service Act 2006 lays out the initial requirements:

- The organisation must have a board of directors\(^5\);
- The Constitution of the organisation must provide for all the powers of the organisation to be exercisable by the board of directors\(^6\);
- Powers of the board may be delegated to board committees\(^7\).

10.2 The composition of the board is also provided for through the same legislation:

- There must be executive directors, one of whom must be a chief executive (and accounting officer), one a finance director, one a registered medical practitioner or registered dentist, and another must be a registered nurse or a registered midwife.

\(^{5}\) National Health Service Act 2006, Schedule 7, §15(1)  
\(^{6}\) Ditto, §15(2)  
\(^{7}\) Ditto, §15(3)
There must also be Non-Executive directors, one of whom is the Chairman.\(^8\)

10.3 Section 152 of the Health and Social Care Act 2012 provides more detail as to the statutory role of the Board of Directors:

“The general duty of the board of directors, and of each director individually, is to act with a view to promoting the success of the corporation so as to maximise the benefits for the members of the corporation as a whole and for the public.”\(^9\)

In this context, “the members” refer to the members of the Trust.

10.4 Section 152 aforesaid, also provides specific statutory requirements for directors to avoid conflicts of interest, and statutory requirements for the copy of the agenda of board meetings to be provided to the Council of Governors prior to the meeting taking place, and for minutes to be sent to Governors thereafter.

10.5 From these sources, it can be ascertained that the role of the unitary Board of Directors provides the following duties:
   a) Setting the strategic direction of the Trust;
   b) Holding the executive to account for the performance of the Trust through seeking assurance that systems of control are robust and reliable;
   c) Setting, and leading, a positive culture in the organisation; and
   d) Being accountable to stakeholders, particularly the Trust’s governors, for outcomes delivered.

10.6 Other directors’ duties can be inferred from common law, such as:
   • to act within their powers: this means boards must comply with all relevant legislation and regulation;
   • to exercise independent judgement: in their board capacity executive directors are directors, not part of the chief executive’s team;
   • to use reasonable care, skill and diligence: this means using the skills and knowledge necessary to carry out the role as well as using any other relevant skills and knowledge that the individual director may have.

10.7 Directors must meet the “fit and proper” person test, described in the provider licence and by the CQC in their guidance relating to appointments of senior positions in organisations.

10.8 More detailed information can be found in appendix 4.

11.0 The Role of the Chairperson

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\(^8\) Ditto, §16(1) and (2)
\(^9\) Health and Social Care Act 2012, §152 (1)
11.1 “The Chairperson is responsible for the leadership of the board of directors and
the council of governors, ensuring their effectiveness on all aspects of their role\(^{10}\)
and leading on setting the agenda for meetings.”\(^{11}\)

11.2 The Chairperson is responsible for ensuring that the board develops vision,
strategies and clear objectives, and they hold the Chief Executive to account for
delivery of the Trust Strategy.

11.3 Board culture is led by the Chairperson, who supports a constructive dynamic in
which all directors are able to contribute and challenge.

11.4 The Chairperson will also ensure that board committees support accountability
and are properly constituted.

11.5 Playing a key role as an ambassador, the Chairperson builds strong relationships
with patients and the public, members and governors, regulators and institutional
stakeholders.

12.0 The Role of the Non-Executive Directors

12.1 As part of the unitary board, Non-Executive directors should constructively
challenge and help develop proposals on strategy. They should also promote
the functioning of the board as a unitary board.\(^{12}\)

12.2 Non-Executive directors will scrutinise the performance of management in
achieving the objectives of the organisation, and satisfy themselves as to the
integrity of financial information and that financial controls and systems of risk
management are robust. They are also responsible for determining the levels of
remuneration or executive directors and have a prime role in appointing
executive directors.

12.3 The board will appoint one of the Non-Executive directors to be a Senior
Independent Director (SID) to act as intermediate for other directors when
necessary. Governors may also require to consult the SID, particularly in
circumstances where it may not be appropriate to consult with the Chairperson.

12.4 The Chairperson and Chief Executive have roles in board leadership that
complement each other, but which are distinctly different. The Chairperson leads
the board and ensures its effectiveness, whilst the Chief Executive leads the
executive and the organisation. The Chairperson and Chief Executive cannot be
the same person.

13.0 The Role of the Chief Executive

\(^{10}\) To aid effectiveness, a new timetable for submission of board papers has been devised, at
Appendix B and will be applicable from 1 April 2017.

\(^{11}\) The NHS Foundation Trust Code of Governance, Main Principle, A.3.a., pg 19

\(^{12}\) Ditto, Main Principle, A.4.a., pg. 20
13.1 Reporting to the Chairman and to the board directly, the Chief Executive is ultimately responsible for ensuring that the decisions of the board and its committees are implemented. All members of the management structure report either directly or indirectly to the Chief Executive.

13.2 The Chief Executive is responsible for ensuring that the executive has the right balance of skills, knowledge and perspectives, and uses performance evaluations as the basis for determining individual and collective development needs of the executive directors, relevant to their duties as board members.\textsuperscript{13}

\textbf{14.0 The Role of the Chief Executive as Accounting Officer}

14.1 The Chief Executive is also the Accounting Officer of the organisation and as such, is accountable to Parliament and has a duty of being witness before the Public Accounts Committee to answer questions regarding the Trust’s accounts, or more commonly, to answer to reports made to Parliament by the Comptroller and Auditor General under the National Audit Act 1983.

14.2 As Accounting Officer, the individual is responsible for ensuring that effective management systems for achievement of the Trust’s objectives have been put in place, and is also responsible for ensuring that managers at all levels have a clear view of their objectives and the means to assess and measure outputs or performance.

14.3 There is a particular responsibility to ensure that appropriate advice is provided to the board of directors and to the council of governors on all matters of financial propriety and regularity, and to all considerations economical, efficient and effective. See appendix 5 for more details.

\textbf{15.0 The Role of the Executive Directors}

15.1 In addition to, and separate from, the management of their functional areas, executive directors also have duties as board members, which are the same as their Non-Executive director colleagues, and cover all aspects of the board’s business, i.e. not only their own functional area. Executive directors share the board’s individual and collective responsibility for the decisions of the Board.

15.2 Executives draw on their professional expertise in assisting the development of the Trust’s strategy. As part of their functional role, they lead implementation of the strategy within their own functional areas. They take principal responsibility for the provision of accurate and timely information to the board members.

15.3 As highlighted above, one of the roles of the Board of Directors (i.e. both Non-Executive directors and executive directors together) is to hold the executive team to account, individually and collectively, for delivery of the Trust’s strategic objectives.

\textsuperscript{13} The Healthy NHS Board, Principles for Good Governance, 2013, pg38
15.4 In order to be effective in this role and to provide leadership to the organisation, the Executive team members meet once a week in order to discuss and assess the risks which may affect delivery of the strategic objectives.

16.0 The Role of the Company Secretary

16.1 The Company Secretary is responsible for advising the board of directors through the chair on all governance matters, including that the organisation complies with relevant legislation and regulations (via the Terms of Authorisation / Provider Licence). They assist with professional development of board members\(^{14}\) and facilitate induction. They ensure good information flows within the board and its committees.

16.2 Whilst some NHS governance manuals cite that the company secretary is accountable to the Chairperson\(^{15}\), at The Rotherham NHS Foundation Trust, in common with many other FTs, the company secretary is accountable for board governance to the Chairperson, but accountable to the Chief Executive for day-to-day purposes and as support to the executive and senior management teams in governance matters.

16.3 The company Secretary’s roles (see appendix 6) are carried out via the structure of the board assurance framework (which describes the strategic objectives, identifies potential risks to their achievement and gaps in assurance) upon which the board relies.

17.0 The Role of the Senior Management team

17.1 Whilst the board is accountable for oversight of the governance process, management is responsible for implementing the policies and procedures through which governance occurs within the organization. The board is responsible for understanding — and for advising management on — the processes through which governance occurs within the organisation, and is accountable for the results of those processes. Management is responsible for the governance processes and their workings, and for their results.\(^{16}\)

18.0 Governing documentation

18.1 The board is supported in carrying out its duties by a library of formal documentation; The Trust Constitution, Provider Licence, Standing Orders, Matters Reserved to the Board, Standing Financial Instructions and Scheme of Delegation, together with the Board Assurance Framework document. Updated risk descriptions for the BAF have been produced and can be found at appendix 7.

\(^{14}\) See appendix D for revised dates of board development sessions 2017/18

\(^{15}\) The Healthy NHS Board, Principles for Good Governance, 2013, pg39

\(^{16}\) Deloitte: Developing an effective governance operating model, pg1
18.2 This documentation helps to ensure that board processes are sufficiently robust to support, not only the internal governance processes, but that they will safeguard the organisation in its collaborative and partnership work with others too.

19.0 Urgent Actions

19.1 Board of Directors has emergency powers within the Standing Orders (5.1) which may be exercised by the Chair, after having consulted at least two Non-Executive Directors and an Executive Director. The exercise of such powers by the Chair shall be reported to the next formal meeting of the Board of Directors for ratification.

20.0 COVID-19 Expenditure – financial governance

20.1 Following receipt of the letter, IMPORTANT AND URGENT – NEXT STEPS ON NHS RESPONSE TO COVID-19, on the 17 March 2020 which set out important actions every part of the NHS must put in place to redirect staff and resources, building on multiple actions already in train, this section provides details of our proposed response to financial matters.

20.2 The letter confirmed that the Chancellor of the Exchequer committed in Parliament “Whatever extra resources our NHS needs to cope with coronavirus – it will get.” So financial constraints must not and will not stand in the way of taking immediate and necessary action - whether in terms of staffing, facilities adaptation, equipment, patient discharge packages, staff training, elective care, or any other relevant category.

20.3 The letter goes on to confirm “the maintenance of financial control and stewardship of public funds will remain critical during the NHS response to COVID-19. Chief Executives, Accountable Officers and Boards must continue to comply with their legal responsibilities and have regard to their duties as set out in Managing Public Money and other related guidance. Any financial mismanagement during this period will be dealt with in exactly the same way as at any other time. We recommend that NHS organisations undertake an urgent review of financial governance to ensure decisions to commit resources in response to COVID-19 are robust.”

20.4 In line with national requirements providers have been asked to track all incremental COVID-19 related expenditure. The Trust will be asked to submit regular returns which detail the costs of COVID-19 for both capital and revenue expenditure.

20.5 These costs will form the basis for any reimbursement to the Trust by the Department of Health and Social Care and also help the Trust understand in more detail its overall financial performance in what will be very difficult and different circumstances.
20.6 To support timely and effective decision making the Board of Directors is asked to ratify the proposed amendment to the Standing Financial Instructions (SFIs) prior to the full revision at the 5 May 2020 Board.

- **Executive Team** have delegated authority on financial decisions increased to £1m with decisions over £250k to be recorded in their minutes and reported to board within the CEO report.

20.7 To support the monitoring and recording of COVID19 costs the key amendments are:

- **Procurement of goods and services** for treating patients should continue in the normal way by requisitioning on line via catalogues within the Agresso Finance system or through Logistics on Line (NHS Supply Chain).

  These goods and services will continue to be delivered as usual, with administrative procedures continuing to be followed for their receipt and subsequent payment to be made. It is important that this is recognised so that payments to suppliers can be made as promptly as possible in order that the supply chain can be maintained ensuring the continued delivery of such goods and services going forward.

- Where specific goods and services are requested and/or required by a ward or department specifically to deal with the extra demands that COVID-19 patients may bring e.g. goods not normally required, a surge in demand for specific products, etc. then these should be coded against the specific cost centre assigned for each division.

  Corporate support services will also each have a separate cost centre established for similar reasons (See Section 5 below).

- **Major items of expenditure** or those procured centrally on behalf of the Trust should have been approved by Gold Command and will be chargeable to the central cost centre already established. The Director of Finance will be the authorised signatory for this cost centre.

- The Trust will be funded to existing **staffing levels**, despite cancellation of the majority of hospital based activity e.g. elective admissions, outpatients, diagnostic investigations, etc. Therefore, just because a member of staff may be re-deployed to a different area to where they usually work does not mean that the cost can be attributable and chargeable to COVID-19. These costs will continue to be coded to individual budget cost centres in the usual way.

  Where services are required to enhance service cover and capacity e.g. enhanced staffing establishments, opening extra bed capacity, etc. it is legitimate for these costs to be attributable to COVID-19. Where possible and practical these costs will be chargeable to the new cost. However,
due to the variable nature of the costs involved it is likely that the Trust’s systems will not be capable of accurately doing this and hence, it will be the responsibility of the Finance Department to ensure costs are coded appropriately.

- **Additional capital expenditure** attributable to COVID-19 up to a financial threshold of £250K per individual item/request can be approved by the Trust without prior approval of NHS Improvement/England. Anything above this level, which is highly unlikely for this Trust, will need prior approval from the latter.

When requesting equipment items, a simple template has been agreed, which will be completed, and presented to Gold Command for a decision on a daily basis. Completed forms are sent to the Director of Finance.

When requesting estates related expenditure requiring building alterations, the Exceptional Spend Form is completed.

20.8 The Trust will be submitting monthly returns to NHSE-I to secure the appropriate funding of costs incurred. The Director of Finance will be responsible to completing this submission and getting it approved through the Executive Team. The submission will then be reported to the Finance & Performance Committee, monthly, for information.

### 21.0 Comply or Explain

21.1 Comply or explain has been part of the UK corporate governance framework since it was introduced with the Cadbury Code in 1992 and has also been introduced into NHS governance.

21.2 Each year the Trust provides an explanation of its compliance with the NHS Foundation Trust Code of Governance, or explain why it does not. This is formally documented at the Board of Directors through the annual corporate governance statement, and through the annual report (and accounts) submitted to Parliament.

**1 April 2020**

Anna Milanec

Director of Corporate Affairs / Company Secretary
Board Committee Deadlines

The following was agreed in March 2019 and remains current for all board committees:

<table>
<thead>
<tr>
<th>Day of Board Committee</th>
<th>Date and time for the provision of all reports to the Committee Secretary(^\text{17})</th>
<th>Committee pack distribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday</td>
<td>3pm, previous Monday</td>
<td>5pm, previous Tuesday</td>
</tr>
<tr>
<td>Tuesday</td>
<td>3pm, previous Tuesday</td>
<td>5pm, previous Wednesday</td>
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<tr>
<td>Wednesday</td>
<td>3pm, previous Wednesday</td>
<td>5pm, previous Thursday</td>
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<tr>
<td>Thursday</td>
<td>3pm, previous Thursday</td>
<td>5pm, previous Friday</td>
</tr>
<tr>
<td>Friday</td>
<td>3pm, previous Friday</td>
<td>5pm, previous Monday</td>
</tr>
</tbody>
</table>

Packs will be sent out by deadlines, and will not be delayed for late papers; it is the responsibility of the Committee Lead Executive to ensure that all report writers provide their reports by the above deadlines. Committee Secretary will support.

\(^{17}\) Or other person, as nominated by the Company Secretary
## Finance and Performance Committee

### TERMS OF REFERENCE

| Committee Status | The Finance and Performance Committee ("the Committee") is a standing committee of the Board of Directors.  
It is authorised to consider any matter within its terms of reference and to be provided with the Trust resources to do so.  
It also has the right of access to all information that it deems relevant to fulfil its duties which may require any Trust colleague to attend a meeting of the Committee to present information or answer questions on a matter under discussion.  
The Committee is empowered to obtain external professional advice and to invite external consultants with relevant experience to attend if necessary.  
The Committee has no executive powers other than those set out in these Terms of Reference. |
|---|---|
| Reporting to | The Committee is accountable to the Board of Directors.  
In order for the Governors to fulfil their duty of holding the NEDs to account, the Committee Chair (or in their absence, the Vice Chair) will provide a quarterly report on the Committee’s activities to the Council of Governors.  
The minutes of the Committee meetings shall be formally recorded and made available to all members of the Board of Directors once approved and signed by the Committee Chair.  
Any issues relating to the Trust's Provider Licence or CQC Registration will be reported to the Trust Chairman immediately. |
| Purpose | The Board of Directors has approved the establishment of the Committee for the purpose of supporting the timely delivery of the Trust’s strategic objectives and the Annual Operational Plan.  
The Board of Directors have acknowledged that during, circa, the first quarter of the 2020/21 financial year, the Trust's resources will be redeployed towards the challenges presented by the coronavirus pandemic. During this time, the purpose of the committee will inevitably change, with an additional focus on financial and performance matters arising as a result of the global pandemic. |
### Committee Membership
The Committee shall be appointed by the Board of Directors and shall consist of at least 5 members made, up as follows:

- A Non-Executive Director who will chair the meeting.
- Three further Non-Executive Directors, one of whom will be Vice Chair and shall act in the absence of the Chair.
- Director of Finance – Lead Executive
- Chief Operating Officer

### Quorum
A quorum shall be made up of three members comprising at least two Non-Executive Directors and one Executive Director.

No business shall be transacted by the Committee unless a quorum is present.

### Attendees
The Medical Director is expected to attend all meetings.

Trust Executive Directors will attend as required by the Committee, and may bring any colleague to assist in providing evidence to support assurance matters, or to provide an account of the performance of their area, or for the performance against specific areas of the strategy or plan, for which they have a responsibility.

The Company Secretary, or nominee, will attend to ensure coordination of Board committees.

Meetings are not open to members of the public.

Once confidentiality agreements have been signed (on an annual basis), two Governors from the Council of Governors (ordinarily, this will be the Lead Governor or their Deputy, and one other) may attend Committee meetings as observers.

The Governors’ role at the Committee is to observe the Non-Executive Directors seeking assurance against delivery of the Trust’s Strategic Objectives and Annual Operational Plan. In order to maintain the integrity of board governance, Governors may not participate unless specifically invited to do so, by the Chair, at their discretion.

However, the Chair reserves the right to hold all, or part of the meeting in private without Governors and / or other attendees (except the minute taker) if deemed appropriate.

**Those in attendance do not count towards the quorum.**

### Frequency of Meetings
Meetings shall usually be held monthly, but may be held more or less frequently should circumstances require (which will be determined by the Committee Chair).

### Meeting administration
Notice of meetings will be given at least 7 working days in advance unless members agree otherwise.

The agenda of each meeting shall be determined by the agreed Committee Annual Work Plan. Any agenda omission from the Committee’s Annual Work Plan, must be agreed between the Committee Chair and the Company Secretary. Any agenda addition – which has not arisen by a
board action or similar - must be agreed between the Committee Chair and Executive Lead.

Items for inclusion on the agenda shall be submitted to the Committee Secretary at least 5 working days prior to the meeting.

The agenda and papers will normally be circulated 4 working days prior to the meeting to Committee members and regular attendees.

A copy of the agenda and papers will be provided to attending Governors on the day of the meeting, and will be returned to the Committee Secretary at the end of the meeting.

The Company Secretary, or their nominee, shall record the minutes of meetings.

The Company Secretary, or their nominee, shall record all points of action arising from the meeting. An action log will be maintained and updated after each meeting.

Draft minutes and action logs will be sent to the Director of Finance for review. It is the responsibility of the Director of Finance to then send the draft minutes to the Committee Chair to check. The minutes will be returned to the Committee Secretary in a timely manner to ensure that they are available prior to meeting papers being collated for the subsequent meeting.

Should the Director of Finance not be available to review the minutes, the Chief Operating Officer will carry out the review of the minutes and is their responsible to send them to the Committee Chair to check factual accuracy.

Once approved and signed off, Committee minutes will be available for all Trust Board Members.

*Meetings shall be scheduled and last no longer than four hours in length, with the inclusion of a break of 10 minutes.

<table>
<thead>
<tr>
<th>Committee's Duties</th>
</tr>
</thead>
<tbody>
<tr>
<td>The duties of the Committee are set out as follows:</td>
</tr>
<tr>
<td>The principal purpose of the Committee is to support the timely delivery of the Trust’s strategic objectives / Annual Operational Plan whilst being assured as to compliance with appropriate statutory and legislative requirements, such as those determined, inter alia, by the NHSI.</td>
</tr>
<tr>
<td>The table below provides specifics of the matters that the Committee will consider.</td>
</tr>
<tr>
<td>The Committee Annual Work Plan, will identify the issues to be overseen by the Committee.</td>
</tr>
<tr>
<td>In addition, the Committee will</td>
</tr>
<tr>
<td>• receive the +15 scored risks from the Risk Register relating specifically to the remit of the Committee, as determined by the Risk and Assurance Group in conjunction with the Director of Finance.</td>
</tr>
</tbody>
</table>
- receive the Board Assurance Framework risks delegated to the Committee for review, and to make recommendations to the Board for any required change of risk score or content.

Escalations may be raised to the Board through the process laid out in the Committee Escalation Procedure, agreed by the Board.

| Monitoring and review | The Committee's Terms of Reference, including membership, will be subject to annual review. Proposed variations will require approval of the Board of Directors. The Committee will undertake an annual review of its performance, via self-assessment by its members and any agreed actions, will be reported to the Board of Directors. |

* Length of meetings will be reviewed on a quarterly basis. (Ref. board minute 139/19.)

Final agreed objectives will appear here for reference.
# Quality Committee

## TERMS OF REFERENCE

| Committee Status | The Quality Committee ("the Committee") is a standing committee of the Board of Directors.  
It is authorised to consider any matter within its terms of reference and to be provided with the Trust resources to do so.  
It also has the right of access to all information that it deems relevant to fulfil its duties which may require any Trust colleague to attend a meeting of the Committee to present information or answer questions on a matter under discussion.  
The Committee is empowered to obtain external professional advice and to invite external consultants with relevant experience to attend if necessary.  
The Committee has no executive powers other than those set out in these Terms of Reference. |
|---|---|
| Reporting to | The Committee is accountable to the Board of Directors.  
In order for the Governors to fulfil their duty of holding the NEDs to account, the Committee Chair (or in their absence, the Vice Chair) will provide a quarterly report on the Committee’s activities to the Council of Governors.  
The minutes of the Committee meetings shall be formally recorded and made available to all members of the Board of Directors once approved and signed by the Committee Chair.  
Any issues relating to the Trust’s Provider Licence or CQC Registration will be reported to the Trust Chairman immediately. |
| Purpose | The Board of Directors has approved the establishment of the Committee for the purpose of supporting the timely delivery of the Trust’s strategic objectives and the annual Operational Plan.  
The Board of Directors have acknowledged that during, circa, the first quarter of the 2020/21 financial year, the Trust’s resources will be redeployed towards the challenges presented by the coronavirus pandemic. During this time, the purpose of the committee will inevitably change, with an additional focus on quality of care and clinical governance matters arising as a result of the global pandemic. |
| Committee Membership | The Committee shall be appointed by the Board of Directors and shall consist of at least 5 & members made, up as follows:  
A Non-Executive Director who will chair the meeting. Two Three further Non-Executive Directors, one of whom will be Vice Chair and shall act in the absence of the Chair.  
Chief Nurse (Lead Executive)  
Medical Director |
|----------------------|--------------------------------------------------------------------------------------------------|
| Quorum               | A quorum shall be made up of three members comprising at least two Non-Executive Directors and one Executive Director.  
No business shall be transacted by the Committee unless a quorum is present. |
| Attendees            | The Chief Operating Officer is expected to attend all meetings.  
Trust Executive Directors will attend as required by the Committee, and may bring any colleague to assist in providing evidence to support assurance matters, or to provide an account of the performance of their area, or for the performance against specific areas of the strategy or plan, for which they have a responsibility.  
The Company Secretary, or nominee, to ensure coordination of Board committees and to provide minutes of the meeting.  
Meetings are not open to members of the public.  
Once confidentiality agreements have been signed (on an annual basis), two Governors from the Council of Governors (ordinarily, this will be the Lead Governor or their Deputy, and one other) may attend Committee meetings as observers.  
The Governors’ role at the Committee is to observe the Non-Executive Directors seeking assurance against delivery of the Trust’s Strategic Objectives and Annual Operational Plan. In order to maintain the integrity of board governance, Governors may not participate unless specifically invited to do so, by the Chair, at their discretion.  
However, the Chair reserves the right to hold all, or part of the meeting in private without Governors and / or other attendees (except the minute taker) if deemed appropriate.  
**Those in attendance do not count towards the quorum.** |
| Frequency of Meetings | Meetings shall usually be held monthly. |
| Meeting administration | Notice of meetings will be given at least 7 working days in advance.  
The agenda of each meeting shall be determined by the agreed Committee Annual Work Plan. Any agenda omission from the Committee’s Annual Work Plan, must be agreed between the Committee Chair and the Company Secretary. Any agenda addition – which has not arisen by a board action or similar - must be agreed between the Committee Chair and Executive Lead. |
Items for inclusion on the agenda shall be submitted to the Committee Secretary at least 5 working days prior to the meeting.

The agenda and papers will normally be circulated 4 working days prior to the meeting to Committee members and regular attendees.

A copy of the agenda and papers will be provided to attending Governors on the day of the meeting, and will be returned to the Company Secretary, or their nominee, at the end of the meeting.

The Company Secretary, or their nominee, shall record the minutes of meetings.

The Company Secretary, or their nominee, shall record all points of action arising from the meeting. An action log will be maintained and updated after each meeting.

Draft minutes and action logs will be sent to the Chief Nurse for review. It is the responsibility of the Chief Nurse to then send the draft minutes to the Committee Chair to check factual accuracy. The minutes will be returned to the Committee Secretary in a timely manner to ensure that they are available prior to meeting papers being collated for the subsequent meeting.

Should the Chief Nurse not be available to review the minutes, the Medical Director will carry out the review of the minutes and is responsible to send them to the Committee Chair for to check factual accuracy.

Once approved and signed off, Committee minutes will be available for all Trust Board Members.

Meetings shall be scheduled, and endure for no longer than three hours in length, with the addition of a break of 10 minutes to be added.

### Committee's Duties

The duties of the Committee are set out as follows:

The principal purpose of the Committee is to support the timely delivery of the Trust’s strategic objectives / Annual Operational Plan, whilst being assured as to compliance with appropriate statutory and legislative requirements, such as those determined, inter alia, by the CQC.

This will include, but is not limited to, seeking assurance

- Against quality improvement in the organisation; and
- Against improvement in our safety culture

The table below provides specifics of the matters that the Committee will consider.

The Committee Annual Work Plan, will identify the issues to be overseen by the Committee.

In addition, the Committee will

- receive the +15 scored risks from the Risk Register relating specifically to the remit of the Committee, as determined by the Risk and Assurance Group in conjunction with the Chief Nurse.

- receive the Board Assurance Framework risks delegated to the Committee for review, and to make recommendations to the Board
for any required change of risk score or content.

- receive for information only (as these groups do not report to the Committee) the minutes from each of the following committees / groups:
  - Clinical Governance Committee

Escalations may be raised to the Board through the process laid out in the Committee Escalation Procedure, agreed by the Board.

| Monitoring and review | The Committee’s Terms of Reference, including membership, will be subject to annual review. Proposed variations will require approval of the Board of Directors. The Committee will undertake an annual review of its performance, via self-assessment by its members and any agreed actions, will be reported to the Board of Directors. |

Final agreed objectives will appear here for reference.
**People Committee**

**DRAFT TERMS OF REFERENCE**

| Committee Status | The People Committee ("the Committee") is a standing committee of the Board of Directors.  
It is authorised to consider any matter within its terms of reference and to be provided with the Trust resources to do so.  
It also has the right of access to all information that it deems relevant to fulfil its duties which may require any Trust colleague to attend a meeting of the Committee to present information or answer questions on a matter under discussion.  
The Committee is empowered to obtain external professional advice and to invite external consultants with relevant experience to attend if necessary.  
The Committee has no executive powers other than those set out in these Terms of Reference. |
|---|---|
| Reporting to | The Committee is accountable to the Board of Directors.  
In order for the Governors to fulfil their duty of holding the NEDs to account, the Committee Chair (or in their absence, the Vice Chair) will provide a quarterly report on the Committee’s activities to the Council of Governors.  
The minutes of the Committee meetings shall be formally recorded and made available to all members of the Board of Directors once approved and signed by the Committee Chair.  
Any issues relating to the Trust’s Provider Licence or CQC Registration will be reported to the Trust Chairman immediately. |
| Purpose | The Board of Directors has approved the establishment of the Committee for the purpose of supporting the timely delivery of the Trust’s strategic objectives and the annual Operational Plan.  
The Board of Directors have acknowledged that during, circa, the first quarter of the 2020/21 financial year, the Trust’s resources will be redeployed towards the challenges presented by the coronavirus pandemic. During this time, the purpose of the committee will inevitably change, with an additional focus on staff issues and support provided to colleagues as a result of the global pandemic. |
### Committee Membership

The Committee shall be appointed by the Board of Directors and shall consist of at least 5 members made, up as follows:

- A Non-Executive Director who will chair the meeting.
- Two further Non-Executive Directors, one of whom will be Vice Chair and shall act in the absence of the Chair.
- Director of Workforce (Lead Executive)
- Deputy Chief Executive

### Quorum

A quorum shall be made up of three members comprising at least two Non-Executive Directors and one Executive Director.

No business shall be transacted by the Committee unless a quorum is present.

### Attendees

The Chief Nurse is expected to attend all meetings.

Trust Executive Directors will attend as required by the Committee, and may bring any colleague to assist in providing evidence to support assurance matters, or to provide an account of the performance of their area, or for the performance against specific areas of the strategy or plan, for which they have a responsibility.

The Company Secretary, or nominee, to ensure coordination of Board committees and to provide minutes of the meeting.

Meetings are not open to members of the public.

Once confidentiality agreements have been signed (on an annual basis), two Governors from the Council of Governors (ordinarily, this will be the Lead Governor or their Deputy, and one other) may attend Committee meetings as observers.

The Governors’ role at the Committee is to observe the Non-Executive Directors seeking assurance against delivery of the Trust’s Strategic Objectives and Annual Operational Plan. In order to maintain the integrity of board governance, Governors may not participate unless specifically invited to do so, by the Chair, at their discretion.

However, the Chair reserves the right to hold all, or part of the meeting in private without Governors and / or other attendees (except the minute taker) if deemed appropriate.

**Those in attendance do not count towards the quorum.**

### Frequency of Meetings

Meetings shall usually be held monthly.

### Meeting administration

Notice of meetings will be given at least 7 working days in advance.

The agenda of each meeting shall be determined by the agreed Committee Annual Work Plan. Any agenda omission from the Committee’s Annual Work Plan, must be agreed between the Committee Chair and the Company Secretary. Any agenda addition – which has not arisen by a board action or similar - must be agreed between the Committee Chair and Executive Lead.
Items for inclusion on the agenda shall be submitted to the Committee Secretary at least 5 working days prior to the meeting.

The agenda and papers will normally be circulated 4 working days prior to the meeting to Committee members and regular attendees.

A copy of the agenda and papers will be provided to attending Governors on the day of the meeting, and will be returned to the Company Secretary, or their nominee, at the end of the meeting.

The Company Secretary, or their nominee, shall record the minutes of meetings.

The Company Secretary, or their nominee, shall record all points of action arising from the meeting. An action log will be maintained and updated after each meeting.

Draft minutes and action logs will be sent to the Director of Workforce for review. It is the responsibility of the Director of Workforce to then send the draft minutes to the Committee Chair to check factual accuracy. The minutes will be returned to the Committee Secretary in a timely manner to ensure that they are available prior to meeting papers being collated for the subsequent meeting.

Should the Director of Workforce not be available to review the minutes, the Deputy Chief Executive will carry out the review of the minutes and is responsible to send them to the Committee Chair for to check factual accuracy.

Once approved and signed off, Committee minutes will be available for all Trust Board Members.

Meetings shall be scheduled, and endure for no longer than three hours in length, with the addition of a break of 10 minutes to be added.

**Committee's Duties**

The duties of the Committee are set out as follows:

The principal purpose of the Committee is to support the timely delivery of the Trust’s strategic objectives / Annual Operational Plan, whilst being assured as to compliance with appropriate statutory and legislative requirements, such as those determined, inter alia, by the CQC.

This will include, but is not limited to, seeking assurance

- that staff engagement is sufficiently effective, resulting in improved staff survey results;
- that staff recruitment and retention is effective and supports a decrease in temporary staffing costs;
- that the prevalence of workforce gaps in the organisation are minimised by the development of new roles.

The table below provides specifics of the matters that the Committee will consider.

The Committee Annual Work Plan, will identify the issues to be overseen by the Committee.

In addition, the Committee will
- receive the +15 scored risks from the Risk Register relating specifically to the remit of the Committee, as determined by the Risk and Assurance Group in conjunction with the Chief Nurse.

- receive the Board Assurance Framework risks delegated to the Committee for review, and to make recommendations to the Board for any required change of risk score or content.

Escalations may be raised to the Board through the process laid out in the Committee Escalation Procedure, agreed by the Board.

<table>
<thead>
<tr>
<th>Monitoring and review</th>
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</thead>
<tbody>
<tr>
<td>The Committee’s Terms of Reference, including membership, will be subject to annual review. Proposed variations will require approval of the Board of Directors.</td>
</tr>
<tr>
<td>The Committee will undertake an annual review of its performance, via self-assessment by its members and any agreed actions, will be reported to the Board of Directors.</td>
</tr>
</tbody>
</table>

Final agreed objectives will appear here for reference.
# AUDIT COMMITTEE

## REVISED TERMS OF REFERENCE

| Committee Status | The Audit Committee ("the Committee") is a committee of the Board of Directors and has no executive powers, other than those specifically delegated to it in these terms of reference. It is authorised to investigate any matter within its terms of reference and to be provided with the resources to do so. It also has the right of access to all information that it deems relevant to fulfil its duties and is authorised to seek any information it requires from any employee, and all employees are directed to co-operate with any request from the Committee. The Committee has delegated powers to obtain any outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers this necessary. |
| --- |
| Reporting to | The Committee is accountable to the Board of Directors and the Committee Chair will report regularly on the Committee’s proceedings. The Committee shall make whatever recommendations to the Board it deems appropriate on any area within its remit where action or improvement is required. The minutes of Committee meetings shall be formally recorded and made available to the Board of Directors. On an annual basis, the Committee will report to the Board on its work in support of the annual governance statement, specifically commenting on: - The fitness for purpose of the assurance framework; - The completeness and extent to which risk management is embedded at the Trust; - The integration of governance arrangements; - The appropriateness of the evidence that shows the organisation is fulfilling regulatory requirements relating to its existence as a functioning business; - The robustness of the processes behind the quality report. This annual report will describe how the Committee has fulfilled its terms of reference and give details of any significant issues that the Committee considered in relation to the financial statements and how they were addressed. |
| Purpose | The Committee advises the Board of Directors and provides an independent and objective review on the adequacy of Trust’s system of internal control, including audit arrangements (internal and external), financial systems, financial information, assurance arrangements including governance, risk management and compliance with legislation. |
| Membership | The Committee shall be appointed by the Board of Directors and shall consist of at least three members made, up as follows:

A Non-Executive Director will chair the meeting (but not the Chair of the Finance and Performance Committee).

Two further Non-Executive Directors.

At least one member will have recent and relevant financial experience\(^\text{18}\).

The Trust Chairman shall NOT be a member of the Committee.

Members will be expected to attend at least 80% of meetings per annum. |
|---|---|
| Attendees | The following are expected to attend each meeting:

Director of Finance;

The Company Secretary, to ensure coordination of Board committees and to provide appropriate support to the Committee Chair and Committee members;

Representatives from internal audit and external audit will be expected to attend each meeting;

Attendance at, at least 2 meetings per annum (to be agreed with the Committee Chair), will be required by the Trust’s counter fraud specialist.

It is for the Audit Committee Chair to plan the meetings and invite executive directors and other senior members according to the requirements of each agenda. This will vary from meeting to meeting and will depend on whose area of responsibility an agenda item falls within. Directors / managers should be given sufficient warning that their presence is required so that they come fully prepared.

Other Trust Executive Directors and Trust officers will attend as required by the Committee to provide assurances and explanations to the Committee when discussing audit reports or other matters within the area of their responsibility.

Meetings are not open to members of the public.

Once confidentiality agreements have been signed, two Governors from the Council of Governors (ordinarily, this will be the Lead Governor or their Deputy, and one other) may attend Committee meetings as observers.

At the invitation of the Committee Chair, Governors may participate at meetings. However, the Chair reserves the right to hold all, or part of the meeting in private without Governors and / or other attendees (except the minute taker) if deemed appropriate.

Those in attendance do not count towards the quorum. |

\(^{18}\) Provision C.3.1, Monitors’ NHS Foundation Trust Code of Governance
<table>
<thead>
<tr>
<th>Quorum</th>
<th>A quorum shall be made up of two members. One of the Members shall be appointed Chair of the Committee by the Board. No business shall be conducted unless a quorum is present.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frequency of Meetings</td>
<td>Meetings shall be held at least 5 times a year, but may be held more frequently should circumstances require (to be determined by the Committee Chair). At least once a year, the Committee should meet privately with both the external and internal auditors on a separate basis.</td>
</tr>
<tr>
<td>Access</td>
<td>The Head of Internal Audit, representatives of external audit and counter-fraud specialists have the right of access to the Chair of the Committee.</td>
</tr>
<tr>
<td>Meeting administration</td>
<td>Notice of meetings will be given at least seven working days in advance unless members agree otherwise. The agenda shall be determined by the Committee Chair in consultation with the Secretary (the organisation’s Secretary or Governance Lead) Items for inclusion on the agenda shall be submitted at least 7 working days prior to the meeting. The agenda and papers will normally be circulated at least five working days prior to the meeting. The Company Secretary, or their nominee, shall record the minutes of meetings.</td>
</tr>
</tbody>
</table>
| Committee's Duties | The duties of the Committee can be categorised as follows\(^{19}\):  

1. **Integrated Governance, Risk Management and Internal Control**  
The Committee shall review the establishment and maintenance of an effective system of integrated risk management and internal control, across the whole of the Trust’s activities (including those of any subsidiary, either currently in existence or to be established)\(^{20}\) that support the achievement of the organisation’s strategic objectives.  
The Committee will be supported in this duty by the Quality Assurance Committee, which is responsible for assuring the Board that an effective system of quality governance, risk management and internal control for the three broad areas of patient experience, clinical effectiveness and the safety of patients and service users, is in place.  
Matters referred to the Quality Assurance Committee will be dealt with by that Committee. However, through the close relationship with the Quality Assurance Committee, the Audit Committee will provide internal assurance that the processes and outcomes of the Quality Assurance Committee can be used to provide assurance on the overall processes of risk management and internal control across the organisation. This will be evidenced through the Committee’s use of the Board Assurance Framework (BAF), to guide its work and that of the audit and assurance functions that report to it. |

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\(^{19}\) Provision C.3.2, Monitors’ NHS Foundation Trust Code of Governance  
\(^{20}\) Refer to FRC Guidance on Audit Committees (April 2016) paragraph 7
In particular, the Committee, will review the adequacy and effectiveness of:

- all risk and control related disclosure statements, (in particular, the Annual Governance Statement) together with any accompanying Head of Internal Audit Opinion, prior to endorsement by the board;
- the underlying assurance processes that indicate the degree of achievement of the organisation’s objectives, the effectiveness of the management of principal risks and the appropriateness of the above disclosure statements;
- the risk management strategy, structures, processes and responsibilities for identifying and managing key risks facing the organisation;
- the policies and procedures for all work related to anti-fraud, bribery and corruption as set out by the NHS Counter Fraud Authority;
- the work of counter-fraud services; to ensure that there is an effective LCFS established by management that meets mandatory requirements and provides appropriate independent assurance to the Committee, Chief Executive and Board;
- the policies for ensuring that there is compliance with relevant regulatory, legal and code of conduct requirements as set out in regulators’ standards and guidance;
- the operational effectiveness of policies and procedures; and
- the financial control systems.

In carrying out this work, the Committee will primarily utilise the work of internal audit, external audit and other assurance functions, but will not be limited to these sources. It will also seek reports and assurances from directors and managers as appropriate, concentrating on the over-arching systems of integrated governance, risk management and internal control, together with indicators of their effectiveness.

These will be evidenced through the Committee’s use of an effective assurance framework to guide its work and the audit and assurance functions that report to it.

As part of its integrated approach, the Committee will have effective relationships with other key committees (for example the Quality Assurance Committee) so that it understands processes and linkages. However, these other Committees must not usurp the Committee’s role.

2. Internal Audit

The Committee shall ensure that there is an effective Internal Audit function established by management that meet the Public Sector Internal Audit Accounting Standards 2017, that utilises an independent risk based approach.

In addition, the Committee will:

- consider the appointment of the internal audit service, the internal audit fee and any questions of resignation or dismissal and make appropriate recommendations to the Board;
- following consultation with all executive and Non-Executive Board members, approve the internal audit programme and more detailed programme of work, ensuring that this is consistent with the audit needs of the organisation as identified in the assurance framework;
- consider the major findings of internal audit investigations (and management’s response) and report progress on material matters to the Board;
- ensure co-ordination and co-operation between the Internal and External Auditors to optimise the use of audit resources;
ensure that the Internal Audit function is adequately resourced and has appropriate standing within the organisation;

- review annually the effectiveness of Internal Audit; and

- meet in private with the internal auditor to discuss issues or matters arising.

3. External Audit

The Committee shall review and monitor the external auditors’ independence and objectivity and the effectiveness of the audit process. In particular, the Committee will review the work and findings of the external auditors and consider the implications and management’s responses to their work. This will be achieved by:

- The Committee should make a report to the Council of Governors in relation to the performance of the External Auditors\(^2\)\(^1\), including details such as the quality and value of the work, and the timeliness of report and fees, to enable the Council of Governors to consider whether or not to re-appoint them. The Committee should also make recommendation to the Council of Governors about the appointment, re-appointment and removal of the External Auditor and approve the remuneration and terms of engagement of the External Auditor.

- discussion and agreement with the External Auditor, before the annual audit commences, of the nature and scope of the audit, as set out in the annual plan;

- discussing with the external auditors their evaluation of audit risks and assessment of the organisation and the impact on the audit fee;

- review of External Audit reports, including the report to those charged with governance (before its submission to the Board) and any work undertaken outside the annual audit plan, together with the appropriateness of management responses;

- review and monitor the External Auditor’s independence, objectivity and effectiveness, particularly with regard to non–audit services that may be provided to the Trust;

- develop and recommend to the Board as required, the Trust’s formal policy on the provision of non-audit services by the External Auditor, including approval of non-audit services by the Committee and specifying the types of non-audit service to be pre-approved, and assessment of whether non-audit services have a direct material effect on the audited financial statements\(^2\)\(^2\); and

- meet as required in private with the external auditor to discuss issues or matters arising; and

4. Other assurance functions

The Committee shall review the findings of other significant assurance functions, both internal and external to the organisation, and consider the implications to the governance of the organisation.

These could include any reviews undertaken by regulators (such as NHSI and the Care Quality Commission), the NHS Litigation Authority (to become NHS Resolution in early 2018) and professional bodies with responsibility for the performance of staff or functions (such as Royal Colleges and accreditation bodies).

\(^{21}\) Provision C.3.4, Monitors’ NHS Foundation Trust Code of Governance

\(^{22}\) Refer to FRC Guidance on Audit Committees (April 2016) paragraphs 71, 73 and 74
In addition, the Committee will review the work of other committees within the organisation whose work can provide relevant assurance to the Committee’s own scope of work. In particular, this will include any clinical governance, risk management or quality committees that are established. The Committee will provide assurance to the Board that the organisation is properly managing its cyber risk, including appropriate risk mitigation strategies.

The Committee will review the complete BAF document on a quarterly basis prior to its submission to the Board.

5. Financial Reporting

The Committee shall monitor the integrity of the financial statements of the Trust and any formal announcements relating to the Trust’s financial performance.

The Committee should ensure that the systems for financial reporting to the Board, including those of budgetary control, are subject to review as to completeness and accuracy of the information provided to the Board.

The Committee shall review the Annual Report and Financial Statements before submission to the Board, focusing particularly on:

- the wording in the Annual Governance Statement and other disclosures relevant to the terms of reference of the Committee;
- changes in, and compliance with, accounting policies, practices and estimation techniques;
- unadjusted mis-statements in the financial statements;
- significant judgments in the preparation of the financial statements;
- significant or proposed adjustments resulting from the audit;
- letters of representation;
- explanations for significant variances;
- qualitative aspects of financial reporting; and
- the rigour with which the Auditor has undertaken the audit.

6. Counter Fraud

The Committee shall satisfy itself as to having adequate arrangements in place for counter fraud that meets the NHS Counter Fraud Authority’s standards; fraud, bribery and corruption, and shall review the outcomes of work in this area.

In accordance with 1.2 of the NHSCFA’ Fraud Standards for Providers, the Committee has:

‘stated its commitment to ensuring the Trust strive to achieve these standards and therefore requires assurance that they are being met via NHSFCA’s self-review tool submission’.

The Committee will refer any suspicions of fraud, bribery, and corruption to the Trust’s Counter Fraud Specialist or the NHSCFA.

7. Annual report

The annual report shall include a separate section to cover the work of the Committee in discharging the responsibilities outlined above.

The annual report should:\[23\]

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23 Provision C.3.9, Monitors’ NHS Foundation Trust Code of Governance
Explain the significant issues that the Committee considered in relation to the financial statements, operations and compliance, and how these issues were addressed;
explain, if the auditor (internal / external) provides non-audit services and how auditor objectivity and independence is safeguarded;
the value of external audit services and information on the length of tenure of the current audit firm and when a tender was last conducted; and
Include details of the full auditor (internal / external) appointment process where relevant.

8. Whistleblowing Policies

The Committee shall review the Trust’s arrangements for its employees to raise concerns, in confidence, about possible wrongdoing in financial reporting and control, clinical quality, patient safety or other matters. The Committee shall ensure that these arrangements allow proportionate and independent investigation of such matters and appropriate follow up action24, and reassure individuals raising concerns that they will be protected from potential negative repercussions.

9. Other matters

The Committee shall:
- Review the appropriateness of single tender actions which have been approved by the Executive;
- give due consideration to laws and regulations, and the provisions of The NHS Foundation Trust Code of Governance;
- Committee members shall receive the development and training that they need to fulfil their role on the Committee.

<table>
<thead>
<tr>
<th>Monitoring and review</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Committee’s Terms of Reference, including membership, will be subject to annual review.</td>
</tr>
</tbody>
</table>

The Committee will undertake an annual review of its performance, via self-assessment by its members and this will be reported, together with any agreed actions, to the Board of Directors.

Seen by the Audit Committee on 25 February 2020, and changes recommended for approval to the Board.

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24 Provision C.3.8, Monitors’ NHS Foundation Trust Code of Governance
## Board Committee Membership 2020/2021

<table>
<thead>
<tr>
<th>Board Committee</th>
<th>Non-Executive Directors</th>
<th>Executive Directors</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Martin Havenhand</td>
<td>Chief Executive</td>
</tr>
<tr>
<td>Audit Committee</td>
<td>Mark Edgell</td>
<td>Deputy Chief Executive</td>
</tr>
<tr>
<td></td>
<td>Mike Smith</td>
<td>Medical Director</td>
</tr>
<tr>
<td></td>
<td>Joe Barnes</td>
<td>Chief Operating Officer</td>
</tr>
<tr>
<td></td>
<td>Lynn Hagger</td>
<td>Chief Nurse</td>
</tr>
<tr>
<td></td>
<td>Heather Craven</td>
<td>Director of Workforce</td>
</tr>
<tr>
<td></td>
<td>Rumit Shah</td>
<td>Director of Finance</td>
</tr>
<tr>
<td></td>
<td>Nicola Bancroft</td>
<td>Company Secretary</td>
</tr>
<tr>
<td>Finance &amp;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Performance</td>
<td>M M Chair VC</td>
<td></td>
</tr>
<tr>
<td>Quality</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assurance</td>
<td>M VC M Chair VC</td>
<td></td>
</tr>
<tr>
<td>Committee</td>
<td></td>
<td></td>
</tr>
<tr>
<td>People</td>
<td>VC M Chair VC</td>
<td>M M Attendee</td>
</tr>
<tr>
<td>Committee</td>
<td></td>
<td>EL* Attendee</td>
</tr>
<tr>
<td>Nomination</td>
<td>Chair M VC M M M M</td>
<td>M M Attendee</td>
</tr>
<tr>
<td>Committee</td>
<td></td>
<td>EL* Attendee</td>
</tr>
<tr>
<td>Remuneration</td>
<td>Chair M VC M M</td>
<td>M M Attendee</td>
</tr>
<tr>
<td>Committee</td>
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<td>EL* Attendee</td>
</tr>
<tr>
<td>Charitable</td>
<td>Chair VC M M</td>
<td>M M Attendee</td>
</tr>
<tr>
<td>Funds</td>
<td></td>
<td>EL* Attendee</td>
</tr>
<tr>
<td>Committee</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Notes:

1. Executive ‘attendees’ do not count towards the quorum and neither are they voting members. It is not expected that they will provide regular reports to the committee. However, it is envisaged that their attendance will bring greater depth and understanding to support the assurance role of the committee.
2. The Chairman or Chief Executive may attend any committee meeting as an ex officio, non-voting attendee.
3. The Company Secretary may attend any committee meeting as part of their governance role.
4. EL* = non-member, non-voting committee lead Executive.
5. First four committees on the chart = assurance committees
6. Charitable Funds Committee included for information – requires approval of Corporate Trustee.
Appendix 4

Role of the Directors

From the NHS Foundation Trust Code of Governance:

Main principles
A.1.a. Every NHS foundation trust should be headed by an effective board of directors. The board is collectively responsible for the performance of the NHS foundation trust.

A.1.b. The general duty of the board of directors, and of each director individually, is to act with a view to promoting the success of the organisation so as to maximise the benefits for the members of the trust as a whole and for the public.

Supporting principles
A.1.c The role of the board of directors is to provide entrepreneurial leadership of the NHS foundation trust within a framework of prudent and effective controls, which enables risk to be assessed and managed.

A.1.d The board of directors is responsible for ensuring compliance by the NHS foundation trust with its licence, its constitution, mandatory guidance issued by Monitor, relevant statutory requirements and contractual obligations.

A.1.e The board of directors should develop and articulate a clear “vision” for the trust. This should be a formally agreed statement of the organisation’s purpose and intended outcomes which can be used as a basis for the organisation’s overall strategy, planning and other decisions.

A.1.f The board of directors should set the NHS foundation trust’s strategic aims at least annually taking into consideration the views of the council of governors, ensuring that the necessary financial and human resources are in place for the NHS foundation trust to meet its priorities and objectives and, then, periodically reviewing progress and management performance.

A.1.g The board of directors as a whole is responsible for ensuring the quality and safety of health care services, education, training and research delivered by the NHS foundation trust and applying the principles and standards of clinical governance set out by the Department of Health (DH), NHS England, the Care Quality Commission (CQC) and other relevant NHS bodies.

A.1.h The board of directors should also ensure that the NHS foundation trust functions effectively, efficiently and economically.

A.1.i The board of directors should set the NHS foundation trust’s vision, values and standards of conduct and ensure that its obligations to its members are understood, clearly communicated and met.

A.1.j All directors must take decisions objectively in the best interests of the NHS foundation trust and avoid conflicts of interest. A.1.k All members of the board of directors have joint responsibility for every decision of the board regardless of their individual skills or status. This does not impact upon the particular responsibilities of the chief executive as the accounting officer.
A.1.1 All directors, executive and Non-Executive, have a responsibility to constructively challenge during board discussions and help develop proposals on priorities, risk mitigation, values, standards and strategy.

A.1.m As part of their role as members of a unitary board, all directors have a duty to ensure appropriate challenge is made. In particular, Non-Executive directors should scrutinise the performance of the executive management in meeting agreed goals and objectives, receive adequate information and monitor the reporting of performance. They should satisfy themselves as to the integrity of financial, clinical and other information, and make sure that financial and clinical quality controls, and systems of risk management and governance, are robust and implemented. Non-Executive directors are responsible for determining appropriate levels of remuneration of executive directors and have a prime role in appointing and, where necessary, removing executive directors, and in succession planning.

Code provisions
A.1.1. The board of directors should meet sufficiently regularly to discharge its duties effectively. There should be a schedule of matters specifically reserved for its decision. The schedule of matters reserved for the board of directors should include a clear statement detailing the roles and responsibilities of the council of governors. This statement should also describe how any disagreements between the council of governors and the board of directors will be resolved. The annual report should include this schedule of matters or a summary statement of how the board of directors and the council of governors operate, including a summary of the types of decisions to be taken by each of the boards and which are delegated to the executive management of the board of directors. These arrangements should be kept under review at least annually.

A.1.2. The annual report should identify the chairperson, the deputy chairperson (where there is one), the chief executive, the senior independent director (see A.4.1) and the chairperson and members of the nominations, audit and remuneration committees. It should also set out the number of meetings of the board and those committees and individual attendance by directors.

A.1.3. The board of directors should make available a statement of the objectives of the NHS foundation trust showing how it intends to balance the interests of patients, the local community and other stakeholders, and use this as the basis for its decision-making and forward planning.

A.1.4. The board of directors should ensure that adequate systems and processes are maintained to measure and monitor the NHS foundation trust’s effectiveness, efficiency and economy as well as the quality of its health care delivery. The board should regularly review the performance of the NHS foundation trust in these areas against regulatory and contractual obligations, and approved plans and objectives.

A.1.5 The board of directors should ensure that relevant metrics, measures, milestones and accountabilities are developed and agreed so as to understand and assess progress and delivery of performance. Where appropriate and, in particular, in high risk or complex areas, independent advice, for example, from the internal audit function, should be commissioned by the board of directors to provide an adequate and reliable level of assurance.

A.1.6. The board of directors should report on its approach to clinical governance and its plan for the improvement of clinical quality in accordance with guidance set out by the DH, NHS England, the CQC and Monitor. The board should record where, within the structure of the organisation, consideration of clinical governance matters occurs.
A.1.7. The chief executive as the accounting officer should follow the procedure set out by Monitor for advising the board of directors and the council of governors and for recording and submitting objections to decisions considered or taken by the board of directors in matters of propriety or regularity, and on issues relating to the wider responsibilities of the accounting officer for economy, efficiency and effectiveness.

A.1.8. The board of directors should establish the constitution and standards of conduct for the NHS foundation trust and its staff in accordance with NHS values and accepted standards of behaviour in public life, which includes the principles of selflessness, integrity, objectivity, accountability, openness, honesty and leadership (The Nolan Principles).

A.1.9. The board of directors should operate a code of conduct that builds on the values of the NHS foundation trust and reflect high standards of probity and responsibility. The board of directors should follow a policy of openness and transparency in its proceedings and decision-making unless this is in conflict with a need to protect the wider interests of the public or the NHS foundation trust (including commercial-in-confidence matters) and make clear how potential conflicts of interest are dealt with.

A.1.10. The NHS foundation trust should arrange appropriate insurance to cover the risk of legal action against its directors. Assuming the governors have acted in good faith and in accordance with their duties, and proper process has been followed, the potential for liability for the council should be negligible. Governors may have the benefit of an indemnity and/or insurance from the trust. While there is no legal requirement for trusts to provide an indemnity or insurance for governors to cover their service on the council of governors, where an indemnity or insurance policy is given, this can be detailed in the trust’s constitution.
The duties of the Accounting Officer

The essence of the accounting officer’s role is a personal responsibility for:
- the propriety and regularity of the public finances for which he or she is answerable
- the keeping of proper accounts
- prudent and economical administration in line with the principles set out in Managing public money
- the avoidance of waste and extravagance
- the efficient and effective use of all the resources in their charge.

An accounting officer must:
- personally sign the accounts and, in doing, so accept personal responsibility for ensuring their proper form and content as prescribed by Monitor in accordance with the Act;
- comply with the financial requirements of the NHS provider licence;
- ensure that proper financial procedures are followed and that accounting records are maintained in a form suited to the requirements of management, as well as in the form prescribed for published accounts (so that they disclose with reasonably accuracy, at any time, the financial position of the NHS foundation Trust);
- ensure that the resources for which they are responsible as accounting officer are properly and well managed and safeguarded, with independent and effective checks of cash balances in the hands of any official;
- ensure that assets for which they are responsible such as land, buildings or other property, including stores and equipment, are controlled and safeguarded with similar care, and with checks as appropriate;
- ensure that any protected property (or interest in) is not disposed of without the consent of Monitor;
- ensure that conflicts of interest are avoided, whether in the proceedings of the board of directors, or council of governors or in the actions or advice of the NHS foundation trust’s staff;
- ensure that, in the consideration of policy proposals relating to the expenditure for which you are responsible as accounting officer, all relevant financial considerations, including any issues of propriety, regularity or value for money, are taken into account, and brought to the attention of the board of directors.

An accounting officer should also ensure that managers at all levels:
- have a clear view of their objectives, and the means to assess and, wherever possible, measure outputs or performance in relation to those objectives
- are assigned well-defined responsibilities for making the best use of resources (both those consumed by their own commands and any made available to organisations or individuals outside the NHS foundation trust), including a critical scrutiny of output and value for money
- have the information (particularly about costs), training and access to the expert advice which they need to exercise their responsibilities effectively.
Duties and Responsibilities of the Company Secretary with regard to Corporate Governance

- Support the chair and chief executive in ensuring that the trust has a robust governance infrastructure that complies with Monitor’s licence conditions as relate to governance, and takes account of Monitor’s code of governance and other relevant best practice recommendations in corporate governance.

- Provide advice to the board, council of governors, their committees, directors, on all governance matters.

- With the chair, ensure that the board, council of governors and their committees are properly constituted, operated and supported, according to the standing orders and the regulatory framework.

- Ensure there is appropriate coordination and good information flows between the board, the council of governors, their committees and executive management.

- Establish and monitor procedures to ensure that the trust is able to comply with the requirements of the legislative and regulatory framework.

- Ensure that the foundation trust complies with its constitution, and review, propose and implement approved changes to the constitution.

- Provide advice to chair, chief executive, board, and council of governors on legal and constitutional matters and the correct and proper conduct of business and meetings.

- Commission and provide briefings for external legal advice where necessary to ensure the efficient and effective resolution of issues.

- Scrutinise and report to the board and council of governors’ new regulatory developments.

- Ensure all registers required by the constitution or relevant legislation are established and maintained, and made available for public inspection in line with statutory requirements.

- Ensure standing orders are in place, acted upon and reviewed as necessary, and with the chief financial officer, ensure standing financial instructions are similarly in place, reviewed and acted upon by the board.

- With the chief executive and chief financial officer, take a leading role in the preparation and publication of the annual report and accounts and ensure it is properly submitted to Monitor and laid before Parliament.

- Coordinate and assist with the production/ submission of all appropriate returns, reports and plans to regulatory bodies.

- Contribute to the development of systems, controls and risk management arrangements that comply with internal and external governance and best practice requirements.

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• Act as the key point of contact between the board, council of governors and Monitor.

• Ensure reporting arrangements enable the board and council of governors (to the extent applicable) to focus on those goals and objectives in the corporate plan that are at risk of not being delivered.

• With the chief executive, executive directors and next in line managers reporting to executive directors, ensure effective risk management and reporting for the trust, including the submission of quarterly reports to the board.

• Support the chief executive, executive directors and other senior managers in the development of an effective performance management framework that facilitates effective delivery of the trust's strategy and agreed performance standards.
### Appendix 7

**Board Assurance Framework (‘BAF’) proposed risk identifiers 2020/21**

<table>
<thead>
<tr>
<th>ID</th>
<th>Risk title</th>
<th>Oversight Committee</th>
</tr>
</thead>
<tbody>
<tr>
<td>B1</td>
<td><em>Standards and quality of care do not deliver the required patient safety, clinical effectiveness and patient experience, that meet regulatory requirements</em></td>
<td>QC</td>
</tr>
<tr>
<td>B2</td>
<td><em>Demand for care exceeds the resources available, leading to failure to achieve recognised healthcare standards</em></td>
<td>QC</td>
</tr>
<tr>
<td>B3</td>
<td>Lack of effective staff engagement will impact on staff experience resulting in poor staff survey results which impact on the organisations ability to deliver the Trusts plan.</td>
<td>People Committee</td>
</tr>
<tr>
<td>B4</td>
<td>Inability to recruit and retain staff within the organisation leading to impaired ability to deliver the Trust plan and increased temporary staffing costs.</td>
<td>People Committee</td>
</tr>
<tr>
<td>B5</td>
<td>The lack of development of new roles within the organisation leads to continued workforce gaps impacting on the Trusts ability to deliver its plan.</td>
<td>People Committee</td>
</tr>
<tr>
<td>B6</td>
<td><em>Insufficiently robust Trust-wide quality governance arrangements impede the delivery of a number of [Trust] plans / objectives</em></td>
<td>QC</td>
</tr>
<tr>
<td>B7</td>
<td><em>Insufficiently robust Trust-wide corporate governance arrangements impede the delivery of a number of [Trust] plans / objectives</em></td>
<td>Audit</td>
</tr>
<tr>
<td>B8</td>
<td><em>Planned efficiencies are not delivered</em></td>
<td>FPC</td>
</tr>
<tr>
<td>B9</td>
<td><em>The financial plan is not delivered</em></td>
<td>FPC</td>
</tr>
<tr>
<td>B10</td>
<td><em>Misaligned governance and decision-making may arise from divergent Trust, Place and ICS interests and objectives</em></td>
<td>Board</td>
</tr>
<tr>
<td>B11</td>
<td><em>Ineffective relationships with key stakeholders may adversely impact Trust services</em></td>
<td>Board</td>
</tr>
</tbody>
</table>

*Carried forward from 2019/20*
# Board of Directors’ Meeting
## 7 April 2020

<table>
<thead>
<tr>
<th>Agenda item</th>
<th>110/20</th>
</tr>
</thead>
<tbody>
<tr>
<td>Report</td>
<td>Report from the Guardian of Safe Working</td>
</tr>
<tr>
<td>Executive Lead</td>
<td>Dr Callum Gardner, Executive Medical Director</td>
</tr>
<tr>
<td>Link with the BAF</td>
<td>B1, B2, B4</td>
</tr>
<tr>
<td>Purpose</td>
<td>Decision ☐  To note ✅ Approval ☐  For information ☐</td>
</tr>
<tr>
<td>Executive Summary  (including reason for the report, background, key issues and risks)</td>
<td>The Guardian of Safe Working is required to report to the Board on a quarterly basis that, working in the Trust is safe for Junior Doctors and patients or, where this is not the case, that measures are taken to address this with the Board’s help, if necessary.</td>
</tr>
<tr>
<td>Summary of Key Points:</td>
<td>Junior Doctors’ rotas are changing to reflect the CoVid-19 pandemic.</td>
</tr>
<tr>
<td>Recommendations</td>
<td>It is recommended that the Board note this report and its retrospective nature and support doctors in training to the best of its ability during the coming crisis.</td>
</tr>
<tr>
<td>Appendices</td>
<td>N/A</td>
</tr>
</tbody>
</table>

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172
1. **Introduction**

1.1 The Junior Doctor Contract 2016 has been in force in The Rotherham Foundation Trust (TRFT) since 7 December 2016 and all Junior Doctors, not on run-through training at the time of introduction, are now on the contract.

1.2 This report is being produced at a time when all doctors’ working hours will be drastically impacted as a result of the CoViD-19 pandemic and, as such, it is recognised that it is retrospective and relevance to current and future conditions is very limited.

2. **Exception Report (ER) Quarterly update**

2.1 The number of exception reports this quarter is 48, as at 30/3/20.

3. **Exception Report Quarterly details**

3.1 Working hours: 17 doctors, including 6 FY1s, 1 ST3, 1 ST4, 8 ST1-2 and 1 Junior Clinical Fellow submitted 48 exception reports. Of these, 34 related to hours worked. The hours’ exceptions are summarised below:

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Exceptions</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>AMU</td>
<td>5</td>
<td>6.5</td>
</tr>
<tr>
<td>Medicine (all subspecialties)</td>
<td>24</td>
<td>30.15</td>
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<tr>
<td>Surgery</td>
<td>3</td>
<td>4</td>
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<td>Paediatrics</td>
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<td>Orthopaedics</td>
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<td>3</td>
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<td>O and G</td>
<td>1</td>
<td>1.5</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>34</strong></td>
<td><strong>45.15</strong></td>
</tr>
</tbody>
</table>

3.2 Education: 5 Doctors submitted 6 exception reports related to education from Obstetrics and Gynaecology and Medicine. These related mainly to missing clinics essential for training.

3.3 Pattern: 3 doctors submitted 7 exception reports from Obstetrics and Gynaecology, Surgery and Medicine. These overlapped with the education ER and included short notice redeployments from clinics and wards, as well as a rota inequality.

3.4 Service Support: 1 doctor submitted an ER relating to delayed issue of a rota.

4. **Action taken to resolve**

The Junior Doctor Forum meetings have been deferred for the time being but the Guardian of Safe Working (GSW) has been in contact with Medical Trainees and asked to be kept informed of any rota issues; granted that many of the usual rules and safeguards will need to be suspended. Educational supervisors and the GSW are dealing with ER as far as possible. Time off in lieu is likely to be impractical and payment for overstays will be granted.

5. **Work Schedule Reviews**

5.1 It is anticipated that all doctors will be forced by circumstance to work hours in excess of contract for the foreseeable future and Work Schedule reviews are inappropriate for the time being. The Guardian would like to request the Board to help ensure adequate support with facilities, accommodation and appropriate recompense once the current
emergency is passed, to all trainees volunteering to work above and beyond their contracted duties.

6. **Fines**

6.1 No fines have been imposed this quarter for exceeding 48-hours average or 72-hours total weekly hours. Pending guidance from HEE, it is reasonable to suspend any fines during the current emergency.

7. **Conclusion**

7.1 Working patterns for doctors in training will very shortly be changed out of recognition owing to the CoVid-19 pandemic.

**Dr Gerry Lynch**  
Guardian of Safe Working  
March 2020
<table>
<thead>
<tr>
<th>Agenda item</th>
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<tbody>
<tr>
<td>Report</td>
<td>Quarterly Report from the Responsible Officer</td>
</tr>
<tr>
<td>Executive Lead</td>
<td>Dr Callum Gardner, Executive Medical Director</td>
</tr>
<tr>
<td>Author</td>
<td>Dr Alison Cooper, Interim RO/AMD - Appraisal, Revalidation &amp; Mentorship</td>
</tr>
<tr>
<td>Link with the BAF</td>
<td>B5</td>
</tr>
<tr>
<td>Purpose</td>
<td>Decision [ ] To note [✓] Approval [ ] For information [ ]</td>
</tr>
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**Executive Summary (including reason for the report, background, key issues and risks)**

To present to the Board details of activity related to Medical Appraisal and Revalidation, as per NHS England and GMC regulations.

**Recommendations**

It is recommended that the Board notes this report.
Appraisal

• Currently 19 Appraisers for 264 doctors
• Appraisal “suspended” on 19th March, with 234 completed (88.6%)
• 5 missed and not approved
• 25 missed and approved (4 long term sick, 6 C19 preparation, 15 due in March)
Revalidation

• All recommendations due between 17th March and end of September deferred for 12 months
• 40 doctors in this Trust have been affected out of 264
• Most were on track for a positive recommendation
Board of Directors’ Meeting  
07 April 2020

<table>
<thead>
<tr>
<th>Agenda item</th>
<th>112/20</th>
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<tbody>
<tr>
<td>Report</td>
<td>Annual Appointment of the Senior Independent Director</td>
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<tr>
<td>Executive Lead</td>
<td>Presenter: Martin Havenhand, Chairman</td>
</tr>
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<td>Link with the BAF</td>
<td>B7</td>
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<td>Purpose</td>
<td>Decision ☐ To note ☐ Approval √ For information ☐</td>
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</tbody>
</table>

**Executive Summary (including reason for the report, background, key issues and risks)**

Monitor’s NHS Foundation Trust Code of Governance states: “In consultation with the council of governors, the board should appoint one of the independent non-executive directors to be the senior independent director to provide a sounding board for the chairperson and to serve as an intermediary for the other directors when necessary….”¹

Non-Executive Director, Joe Barnes, currently undertakes the role of Senior Independent Director (SID).

**Recommendations**

It is recommended that the Board consider and approve the re-appointment of Joe Barnes to the role of Senior Independent Director until the conclusion of his term of office.

The recommendation from the Board will be conveyed to the 15 April 2020 Council of Governors.

**Appendices**

None

¹ Code Provision A.4.1.